L21000334752

(Re	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phoni	e #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nar	me)
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COVER LETTER

TO:

Tallahassee, FL 32314

	Registration So Division of Co				
		art & Suppy LLC		7	
SUBJEC	T:		ited Liability Company		
		,	,		
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
		ondence concerning this matter			
		_	Ü		
		Marina Rothstein			
			Name of Person		
		Victorias Art & Supply LL	C		
			Firm/Company		
		5702 NW North Macedo H	Blvd.		
	Address				
		Port Saint Lucie, Florida 34	183		
	City/State and Zip Code				
		onlymarinasfiles@gmail.co			
			to be used for future annual report noti	fication)	
For further	er information of	concerning this matter, please co	uH:		
Marina R	Rothstein		561 9908777 at ()		
	Name (nf Person	Area Code Daytim	e Telephone Number	
.					
		he following amount:			
□ \$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Addre		Street Address:		
Registration Section Division of Corporations P.O. Box 6327			Registration Se		
		-	Division of Cor The Centre of T		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li		
(A FI	ability Company as it now appears on our records.) orda Limited Liability Company)	
ne Articles of Organization for this Limited Liabili		and assigned
orida document number L21000336752	·	
is amendment is submitted to amend the following	g:	
If amending name, enter the new name of the	limited liability company here:	
RAFT CREATIONS PRINT LLC		
c new name must be distinguishable and contain the words.	"Limited Liability Company," the designation "LLC" or the abbr	eviation "L.L.C."
nter new principal offices address, if applicable:	:	
Principal office address MUST BE A STREET AI		
nter new mailing address, if applicable:	 	
Mailing address MAY BE A POST OFFICE BOX	2	
It amending the registered agent and/or regist	ered office address on our records, enter the name	of the new regis
. If amending the registered agent and/or regist <u>cent and/or the new registered office address her</u>		of the new regis
		of the new regis
		of the new regis
ent and/or the new registered office address her Name of New Registered Agent:		of the new regis
ent and/or the new registered office address her		of the new regis
ent and/or the new registered office address her Name of New Registered Agent:	re: Enter Florida street address	of the new regis
ent and/or the new registered office address her Name of New Registered Agent:	<u>re</u> :	of the new regis
Name of New Registered Agent: New Registered Office Address:	Enter Florida street address , Florida City	
Name of New Registered Agent: New Registered Office Address: New Registered Office Address:	Enter Florida street address	Zip Code To
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Ew Registered Agent's Signature, if changing Regist dicreby accept the appointment as registered age	Enter Florida street address , Florida City tered Agent; ent and agree to act in this capacity. I further agree	Zip Code To comply with
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: Pew Registered Agent's Signature, if changing Regist acrehy accept the appointment as registered agentisions of all statutes relative to the proper an	Enter Florida street address Florida City tered Agent: ent and agree to act in this capacity. I further agree to complete performance of my duties, and I am fun	Zip Code :: c to comply with and
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: we Registered Agent's Signature, if changing Regist dereby accept the appointment as registered agentisions of all statutes relative to the proper and accept the obligations of my position as registered.	Enter Florida street address Florida City tered Agent; ent and agree to act in this capacity. I further agree to complete performance of my duties, and I am fand agent as provided for in Chapter 605, F.S. Or, if	Zip Code Zip Code zo e to comply with and this document is
Name of New Registered Agent: New Registered Office Address: New Registered Office Address: New Registered Office Address: New Registered Agent's Signature, if changing Regist dereby accept the appointment as registered agentisions of all statutes relative to the proper and accept the obligations of my position as registered.	Enter Florida street address	Zip Code Zip Code zo e to comply with and this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			∐Remove
			☐ Change
			
			□Remove
			Change
			□Add
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	.,,,		□Add
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			☐Remove
			□Change

). If amending any other info	rmation, enter change((s) here: (Attach a	aattional sheets, if n	ecessary.)	
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Effective date, if other than (If an effective date is listed, the date Note: If the date inserted in the document's effective date on the company of the co	his block does not meet the	e applicable statutory	g or more than 90 days a v filing requirements.	ptional) (fter filing.) Pursuant to 60 this date will not be lis	15,0207 (3) ited as the
he record specifies a delayed efford is filed.	fective date, but not an effo	ective time, at 12:01	a.m. on the earlier of	(b) The 90th day aft	er the
Dated October 5	2021	i I Ros	titei.		
 	Signature of a member				
	MARINA	11. Roths	Tein		
	MARINA Typed	or printed name of sig	Tein nec		

Filing Fee: \$25.00