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From:

Account Name : SORSHER & ASSOCIATES, LLC.

Account Number : I20170000056 Phone : (954)842-2931 Fax Number : (954)842-2936

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,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· ·	Name of Lin	nited Liability Company	
The enclo	sed Articles of /	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following.	
		GEDZ, NATALIYA		
		,	Name of Person	·
		CRYSTRAL SERVICE, I	L.C.	
			Firm/Company	
		2101 ATLANTIC SHORE	YSTRAL SERVICE, L.L.C. Firm/Company OF ATLANTIC SHORES BLVD. 120 Address Address	
			Address	
		HALLANDALE BEACH	, FL 33009	
			City/State and Zip Code	
		crystalservicemiami@gmai	are submitted for filing. In matter to the following. A Name of Person VICE, L.L.C. Firm/Company SHORES BLVD. 120 Address BEACH, FL 35009 City/State and Zip Code (@gmail.com) ddress: (to be used for future annual report notification) please call: at (
		E-mail address: (to be used for future annual report noti	fication)
For furthe	r information co	neerning this matter, please c	all:	
GEDZ, N	ATALIYA		786 690-4544 at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for the	e following amount:		
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Registration Section
Division of Corporations
P.O. Box 6327
Taliahassee, Ft. 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2021 OCT 2

CRYSTRAL SERVICE, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 10/20/2021 Florida document number L21000457631 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited lightlity company here: CRYSTAL SERVICE MIAMI, I.,L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

□ Change

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

Title	Name	Address	Type of Action
			Remove
			Change
			□Add
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Dated	202!		
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Dated	Nataliya Gadg Signature of a fromher of authorized:		

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