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## **COVER LETTER**

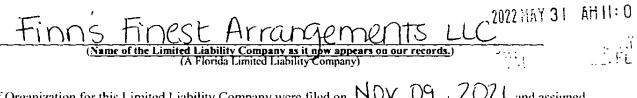
Registration Section

TO:

Division of Corporations			
SUBJECT: "FINDS FI	Name of Limi	Arrange men	its uc"
The enclosed Articles of Amendment an	d fee(s) are subr	nitted for filing.	
Please return all correspondence concern	ing this matter t	to the following:	
AS	ihley	MOVALLI Name of Person	
Fina	<u>s Fine</u>	2St Arrangem Firm/Company	ents uc
22	II NE	17th AVE Address	
<i></i>	pe Co	ral, FL 3391 City/State and Zip Code	09
finn			sation) g-mai-1. Com
For further information concerning this a	natter, please ca	dl:	
AShley Moval Name of Person	li	at (239) 834- Area Code Daytime	-373 L Telephone Number
Enclosed is a check for the following am	ount:		
✓ \$25.00 Filing Fee ☐ \$30.00 Filing Fee Certification	ling Fee & ate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Sect Division of Corp	orations
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Ta 2415 N. Monroe	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



The Articles of Organization for this Limited Liability Company were filed on NOV 09 , 2024 and assigned Florida document number L 21000483327 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SMASH KUAS & CrAFTS LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 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 City

## 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.

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
			Remove
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n ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
ne recor ord is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	06/27/2022. am.
	Signature of a member or authorized representative of a member
	Ashloumovalli

Filing Fee: \$25.00