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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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(Do	cument Number)	
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Cf 3/18/2022

COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

2Gs Sew Ci	rafty LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Janet Gibbs		
		Name of Person	
	2Gs Sew Crafty LLC		
		Firm/Company	
	13331 Rainbow Ln		
		Address	
	Clermont, FL 4715		
	<u></u>	City/State and Zip Code	
	jangibbs519@gmail.com		
	E-mail address: (to be used for future annual report no	tification)
For further information c	oncerning this matter, please ca	all:	
Janet Gibbs		352 242-8404 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne following amount:		<u>, v</u> 0
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration (Division of C		Registration S Division of Co	
P.O. Box 632	· · · · · · · · · · · · · · · · · · ·	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2Gs Sew Crafty LLC

2022 HAR 10 PM 1:59

The Articles of Organization for this Limited Liability Company were filed on December 27, 2021 and assigned

Florida document number L22000003916

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liab	oility 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)	<u></u>
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, <u>enter the name of the new regist</u>
	address on our records, enter the name of the new regist

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Zip Code

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
AMBR	Matthew Gibbs	13331 Rainbow Ln	
		Clermont, FL 34715	_
			□Change
			□Add
			Remove
			□ Change
			□ Add
			□Remove
			Change
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fective date, if other than to an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	s block does not meet the a	ipplicable statutory i	or more than 90 days af iling requirements, t	tional) ter filing.) Pursuant to 605.02 his date will not be listed a
record specifies a delayed effer is filed.	ctive date, but not an effec	tive time, at 12:01 a	m, on the earlier of:	(b) The 90th day after th
March 7	2022			
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	$\mathbf{x} \boldsymbol{p}, \boldsymbol{\nu} \boldsymbol{r}$			
Tane	Signature of a member o	r authorized represents	tive of a member	·