## 22000031234

(Reque	estor's Name)	
(Addre	ss)	·
(Addre	ss)	
(City/S	tate/Zip/Phone #)	
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name)	
(Docur	ment Number)	
Certified Copies	Certificates of	Status
Special Instructions to Fili	ng Officer:	
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Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co			,
suвject: <u>Crat</u>	by Patty's Pot	tery LLC ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Patricio	L BUSH Name of Person	
	Crabb	4 Patty's Potte	ry
	85212	River Birch Co	ourt
	Fernan	dina Beach, F City/State and Zip Code	1 32034
	Crabby F F-mail addreks; (	Pattys Pottery D	Yahoo.com
For further information o	concerning this matter, please co	•	
Patricia B	USh of Person	at ( <u>904</u> ) <u>776</u> Area Code	ytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate 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 P.O. Box 6327 Tallahassee, FL 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

FILED

2022 JUL 20 AM 11: 14

Crabby Patty's	Pottery L	LLC	1502 JUL 20 AM   :	ŧ
( <u>Name of the Limited Liablity (</u> A Florida Li	Company as it how a imited Liability Comp	ppears on o pany)	our'records) INY OF STATE	Ē
The Articles of Organization for this Limited Liability Con Florida document number <u>L22000031234</u>	npany were filed o		-	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	d liability compa	ny here:		
The new name must be distinguishable and contain the words "Limited	J Liability Company,	the designa	ation "LLC" or the abbreviation "l	L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	<u>.</u>		
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>			<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 of agent and/or the new registered office address here:	ffice address on o	our record	ds, <u>enter the name of the ne</u>	w registered
Name of New Registered Agent:				
New Registered Office Address:				
	Ente	r Florida su	reet address	
			, Florida	
	City		Zip Code	

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 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

Title Name **Address** Type of Action Patricia Bush 85212 River Birch court XAND Fernandina Beach, Fl 32034 AMBR \_\_\_\_ □Remove \_\_\_\_\_\_ Change \_\_\_\_\_ □Remove \_\_\_\_\_ □Add \_\_\_\_\_\_ □Change \_\_\_\_\_ Change 

•	
ective	date, if other than the date of filing:
n effecti	date, if other than the date of filing:
<u>te:</u> 11 t :ument	he date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a seffective date on the Department of State's records.
cord sr	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
s filed.	The solidary after the
ted	7/30/22
	Signature of a member or authorized representative of a member
	Total & Kilo

Filing Fee: \$25.00