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(Re	questor's Name)	
(Ad	dress)	
——————————————————————————————————————	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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2022 JUL 27 PH 2: 45 SECRETARY OF STATE TALLAHASSEE, FL

C. BRUMBLEY

COVER LETTER

	Registration Sect Division of Corpo			
SUBJEC	Т:	Ciame Dela Name of Limi	a Consulting Lited Liability Company	LC
The enck	osed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspond	dence concerning this matter	to the following:	
			Fachary Cr Name of Person	ame(
			ne Dela Comulti Firm/Company	
		1155 19th St	North Address	···-
		Jackson uil	Le Beach F/ City/State and Zip Code	31250
			(22369 mail. to be used for future annual report	
For furthe	er information cor	ncerning this matter, please ca	all:	
Za	Chang Cr Pame of F	Person	at (<u>904</u>) <u>465</u> Area Code Da	ytime Telephone Number
Enclosed	is a check for the	following amount:		
≥ \$25.0	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

Crame Dela Con	sulting LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compar	ny were filed on 02 18 2022 and assigned
This amendment is submitted to amend the following:	
•	
A. If amending name, enter the new name of the limited liz	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	ibility 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>s</u>
	PO 2
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	Med S M
	FIG. 5
B. If amending the registered agent and/or registered office	e address on our records, enter the name of the new registers
agent and/or the new registered office address here:	<u> </u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agen	·
	— gree to act in this capacity. I further agree to comply with th te performance of my duties, and I am familiar with and s provided for in Chapter 605, F.S. Or, if 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	<u>added</u>
or removed from our records:	l

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
uthorized Decem	Zachary Cramer	1155, 19th St North Jacksunville Beach P132250	_ ZAdd
FCISON	·		□Remove
			□Change
			□Add
			□Remove
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Person	listed	on	Sunbiz		Authorized
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ctive date, if oth	er than the date	of filing:	 	0.5%	(optional)
: If the date inse		oes not mee	et the applicable sta		than 90 days after filing.) Pursuant to 605.0 equirements, this date will not be listed
mene s enecuve	date on the Depart	ment of Stat	ic s records.		
ord specifies a de îled.	layed effective date	e, but not an	effective time, at	12:01 a.m. on	the earlier of: (b) The 90th day after (
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d 16/27	12022	·	·		
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	Markey	ムブ	mmi		
d 06/27	Sign	pure of a me	mber or authorized re	presentative of	a member