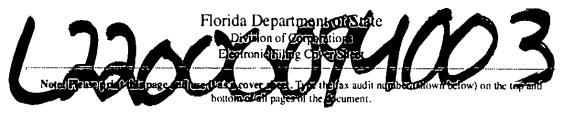
2/15/23.9:12 AM

Division of Corporations



(((H23000059379 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone : (561)214-8442 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

(N) LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYSN PAINT BUNDLES LLC ċ١ Certificate of Status Certified Copy 0 Page Count 0.3 Estimated Charge \$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

T. LEITTUX

FEB 1 6 2023

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRYSN PAINT BUNDLES LLC	
(Name of the Limited Liability Company a (A Florida Limited Liabi	is it now appears on our records.) lity Company)
The Articles of Organization for this Limited Liability Company wer	re filed on 03/07/2022 and assigned
Florida document number L22000094003	
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 Liability C	, ,
Enter new principal offices address, if applicable:	2023
Principal office address MUST BE A STREET ADDRESS)	· FT
_	
	o
Enter new mailing address, if applicable:	()
Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Floridu street oddress
	, 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	KOCHMAN, RONALD	14909 OLD POINTE RD	□Add
		TAMPA. FL 33613	■ Remove
			☐ Change
MBR	HIGGINS, JEREL	14909 OLD POINTE RD	
		TAMPA. FL 33613	■Remove
			□Change
MBR	DONN, RON	14909 OLD POINTE RD	
		TAMPA, FL 33613	Remove
MBR	Jimeeka Brown	78 Baker Street	= Add
		Quitman, GA 31643	□ Remove
			□Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

		~	······································
		<u> </u>	····

- 		 · · · · · · · · · · · · · · · · · ·	
		 	
		····	
		· · · · · · · · · · · · · · · · · · ·	
fective date, if other than the			
n effective date is listed, the date usest <u>ster</u> . If the date inserted in this blo- cument's effective date on the De	ock does not meet the applicable		
	e date, but not an effective time,	at 12:01 a.m. on the earlier of	of: (b) The 90th day after the
ecord specifies a delayed effective is filed.			1/2
is filed.	2023		. 1/1
is filed.	. 2023	7.11	Meso .
is filed.	. 2023	Jail	Sup
is filed.	. 2023	7:1	Riss