## h22000216900

(Re	questor's Name)	
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## **COVER LETTER**

O: Registration S Division of Co			
	se Services LLC		
UBJECT:	Name of Lin	nited Liabitity Company	
'he enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
lease return all corresp	ondence concerning this matter	to the following:	
	Ninotehka N. Drobnak		
		Name of Person	······································
	Crazy Muse Services LLC		
	<del> </del>	Firm Company	
	12074 Warwick Circle		773 (111.12)
		Address	
	Parrish, FL 34219		(2) (2) (3) (3)
	crazymuse@hotmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notif	fication)
For further information	concerning this matter, please c	all:	
Ninotchka N. Drobnak		941 357-6960 at ( )	
Name	of Person		e Telephone Number
Enclosed is a check for	the 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 Division of 0 P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroo Tallahassee, FL	porations allahassee c Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	
	m our records.)
ne Articles of Organization for this Limited Liability Company were filed on $\frac{05/09}{1}$	0/2022 and assigned
orida document number L22000216900	
nis amendment is submitted to amend the following:	
If amending name, enter the new name of the limited liability company here	<b>₽</b>
e new name must be distinguishable and contain the words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	-1,, 67
rincipal office address MUST BE A STREET ADDRESS)	( ) ( )
	/_: N
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	- · · · · · · · · · · · · · · · · · · ·

vew Registered Agent's Signature, it 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 Changing Registered Agent, Signature of New Registered Agent

f 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>l'itle</u>	<u>Name</u>	Address	Type of Action
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			□Remove
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