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COVER LETTER

	Registration Se Division of Cor				
CUDIEC	and the same of th	E PARTNERS LLC			
SUBJEC	T:	Name of Lim	ited Liability Company		
The encle	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please ret	turn all correspo	ondence concerning this matter	to the following:		
		RACHEL KRAUSMANN	ţ		
	Name of Person				
CRUCIBLE PARTNERS LLC					
Firm/C			Firm/Company		
	1607 WATER ELM CT				
	Address				
	ORLANDO,FL, 32825				
			City/State and Zip Code		
	CRUCIBLEPARTNERSLLC@GMAIL.COM				
For furth	er information c	E-mail address: (to be used for future annual report r	otification)	
	L KRAUSMAN	-	407 697-4272		
Name of Person		at () Area Code Dav	time Telephone Number		
	wanie o	i i cison	med code tody	une receptione range.	
Enclosed	is a check for the	he 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		<u>Street Address:</u> Registration	-		
Division of Corporations		Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 AUG 29 MM 7: 17

CRUCIBLE PARTNERS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) (1.1. A 1.2. A 1

(A Florida	Limited Clability Company) (1 5 %)	• 5 •		
The Articles of Organization for this Limited Liability Co Florida document number <u>L22000274186</u>		and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company here:			
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDR	(ESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	l office address on our records,	enter the name of the new register		
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street	address		
		, Florida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered	d Agent;			
I housely appear the approintment as registered agent	and agree to get in this equacity	y I further garee to comply with the		

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

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>	<u>Address</u>	Type of Action
AMBR	RACHEL KRAUSMANN	1607 WATER ELM CT	≣ ∧dd
		ORLANDO, FL. 32825	□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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			Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) NO OTHER CHANGES ONLY ADDING RACHEL AS AN AUTHROIZED MEMEBER E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated AUGUST 24 2023 Signature of a member or authorized representative of a member RUSSELL KRAUSMANN

Filing Fee: \$25.00

Typed or printed name of signee