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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

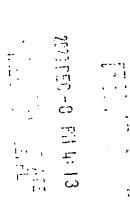
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12/20/23



## **COVER LETTER**

TO: Registrati Division o	on Section ! Corporations
SUBJECT: CRUS	H LLC .
3003LC1.	Name of Limited Liability Company
The enclosed Articl	es of Amendment and fee(s) are submitted for filing.
Please return all cor	respondence concerning this matter to the following:
	Joel Hernandez
	Name of Person
	CRUSH LLC
	Firm/Company
	8403 Pines Blvd # 1439
	Address
	Pembroke Pines, FL, 33024
	City/State and Zip Code
	crusheventsgroup@gmail.com  E-mail address: (to be used for future annual report notification)
For further informat	on concerning this matter, please call:
Joel Hernandez	954 417-2119 at()
N;	me of Person at () Area Code Daytime Telephone Number
Enclosed is a check	or the following amount:
■ \$25.00 Filing Fo	1

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

CRUSH LLC					
( <u>Name of the Lim</u>	ited Liability Compar (A Florida Limited I.	ny as it now appears on o liability Company)	ur records.)	. <u></u>	
The Articles of Organization for this Limited   Florida document number 1.22000499707		were filed on $\frac{11/28/22}{}$		_ and assign	ed
This amendment is submitted to amend the fo					
A. If amending name, enter the new name	of the limited liabi	lity company here:			
The new name must be distinguishable and contain the	words "Limited Liabili	ity Company," the designat	ion "E.L.C" or the abbre	viation "L.L.C	•••
Enter new principal offices address, if appli	icable:	8403 Pines Blvd # 143	9 Pembroke Pines, F	1, 33024	
(Principal office address MUST BE A STRE	ET ADDRESS)				<del></del>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	8403 Pines Blvd # 143	9 Pembroke Pines, F	1. 33024	
B. If amending the registered agent and/or agent and/or the new registered office address of New Registered Agent:		ddress on our record	s, enter the name o	2000	gistered
New Registered Office Address:	8403 Pines Blvd	I ± 1439	;	i. Lio	
•		Enter Florida stre	et address :	(C)	٠.,
	Pembroke Pines		Florida <u>3302</u> 4	1 22	
		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 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>	Name	Address	Type of Action
	<u></u>		
			□Remove
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## Page 2 of 3

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