# L23000022939

(Address) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Requestor's Name)
(City/State/Zip/Phone #)	(Address)
(City/State/Zip/Phone #)	(Address)
PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status	(City/State/Zip/Phone #)
(Document Number) Certified Copies Certificates of Status	
Certified Copies Certificates of Status	(Business Entity Name)
	(Document Number)
Special Instructions to Filing Officer:	Certified Copies Certificates of Status
	Special Instructions to Filing Officer:
Office Use Only	



05/30/23--01007--018 ++25.00



# **COVER LETTER**

#### TO: Registration Section Division of Corporations

CRANE VENTURES LLC
SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

•	2	Ť	
	STEVE CRANE		
	·	Name of Person	
	CRANE VENTURES LL	c	
		Firm/Company	
	762 REFLECTIONS LN		
		Address	
	WINTER GARDEN, FL 3	34787	
		City/State and Zip Code	
	LISACRANE2929@GMA	IL.COM	
	E-mail address: (	(to be used for future annual report notificatio	n)
For further information c	oncerning this matter, please c	all:	
STEVE CRANE		407 595 2095 at ()	
Name c	if Person	Area Code Daytime Tele	phone Number
Enclosed is a check for t	he 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)
<u>Mailing Addres</u> Registration Division of C	Section Corporations	Street Address: Registration Section Division of Corpora	tions
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallah 2415 N. Monroe Str	

Tallahassee, FL 32303



## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### CRANE VENTURES LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on	and assigned
Florida document number L23000022939	

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 Company," the designation "LLC" or the abbreviation "LLC."

#### Enter new principal offices address, if applicable:

 (Principal office address MUST BE A STREET ADDRESS)

 Enter new mailing address, if applicable:

 (Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Enter Florida street ad	ldress
 City	. Florida 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.

1. e. e. . <del>.</del>

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

#### MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<b>Type of Action</b>
MGR	LISA CRANE	762 REFLECTIONS LN	🗐 Add
		WINTER GARDEN, FL 34787	
			🗍 Change
			🗆 Add
			🗆 Remove
			□Change
			Add Hill OBsemove
			🗆 Remove
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
		<u></u>	CRemove
			🗆 Change

### D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

· · · · · · · · · · · · · · · · · · ·	
· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •

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 March 26th	2023	÷	5	
			2023 HA	5
	Signature of a member or authorized representative of a member		υς 20	رو مسترده ۱۰ میکند ۲۵ ۱۱
STEVE CRANE		· · · · · · · · · · · · · · · · · · ·		
	Typed or printed name of signee	STATE	10: 45	

### Filing Fee: \$25.00