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COVER LETTER

TO: Registration Division of	on Section Corporations		•		
CRAZ	Y ROVERS, LLC		,		
SUBJECT:		mited Liability Company	<u> </u>		
The enclosed Article	es of Amendment and fee(s) are su	ibmitted for filing.			
Please return all corr	respondence concerning this matte	er to the following:			
	NINOTCHKA HECHT				
		Name of Person			
	FAST FILING SERVICE	SS, LLC			
		Firm/Company			
	10450 NW 33RD ST. ST	E 305			
		Address			
	DORAL FL 33172				
	-	City/State and Zip Code			
	FASTFILINGSERVICES	@GMAIL.COM			
	E-mail address:	(to be used for future annual report noti	fication)		
For further informati	ion concerning this matter, please	call:			
NINOTCHKA HEC	CHT	786 762-2048			
Na	ame of Person	Area Code Dayrim	e Telephone Number		
Enclosed is a check	for the following amount:				
■ \$25.00 Filing Fo	-	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
-	ion Section	<u>Street Address:</u> Registration Se			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
	ee, FL 32314		allanassee e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	CRAZY ROV	'ERS, LLC	
(Name of the Limit	ed Liability Compa (A Florida Limited)	nv as it now appears on ou Liability Company)	ir records.)
The Articles of Organization for this Limited Library Elorida document number L23000096345	ability Company	were filed on MARCH	2ND, 2023 and assigned
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
N/A			
The new name must be distinguishable and contain the w	ords "Limited Liabi	lity Company," the designat	ion "LLC" or the abbreviation "L.lC."
Enter new principal offices address, if applic	able:	N/A	
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)	<u>BOX)</u>	N/A	
B. If amending the registered agent and/or ragent and/or the new registered office address	egistered office a <u>s here</u> :	address on our records	s, enter the name of the new registered
Name of New Registered Agent:	FAST FILING	SERVICES, LLC	
New Registered Office Address:	10450 NW 33R	D ST STE 305	
		Enter Florida stre	et address
	DORAL		Florida <u>33172</u>
		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.

Minsfeller I Heal 6
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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
		 -	□Remove
			Change
			□ Add
			□ Remove
			☐ Change
<u>_</u>			□Add
			🗆 Remove
		· · · · · · · · · · · · · · · · · · ·	Change
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N/A	·			
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ffective date, if other than the can effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the Department.	be specific and cannot be pri ck does not meet the appl	or to date of filing or r licable statutory filin	(option more than 90 days after fil ng requirements, this d	ling.) Pursuant to 605.020
record specifies a delayed effective is filed.	date, but not an effective	time, at 12:01 a.m.	on the earlier of: (b)	The 90th day after the
MAY 30TH	. 2024		ľ	
_			_	
	ignature of a member or au	thorized representativ	e of a member	

Filing Fee: \$25.00