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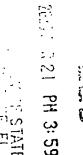
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## **COVER LETTER**

TO: Registration S Division of Co			
The Comp	petent Crew LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following	
	Jose M Carballo		
	<del> </del>	Name of Person	
	The Competent Crew LLC		
	<del></del>	Firm/Company	<del></del>
	5460 Flint Hills Drive		
		Address	
	Wimauma, FL 33598		
		City/State and Zip Code	
	thecompetenterew@gmail.		
For further information	r-mail address; (concerning this matter, please c	to be used for future annual report no all:	эппсанову
Jose M Carballo		813 842-2151	
Name	of Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	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)
<u>Mailing Addre</u> Registration		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 63:		The Centre of	
Tallahassee,	rl 52514	2415 N. Mont	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

The Competent Crew, LLC

2001821 PH 3:59

(ivame of the Limite)	A Florida Limited	Liability Company)	P records.		
The Articles of Organization for this Limited Lia Florida document number <u>L.23000102193</u>	ability Company	were filed on $\frac{02/27/203}{2}$			
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and contain the wo	ords "Limited Liabi	lity Company," the designati	on "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		5460 Flint Hills Drive			
Principal office address MUST BE A STREET ADDRESS)		Wimauma, FL 33598			
Inter new mailing address, if applicable:		5460 Hint Hills Drive			
Mailing address MAY BE A POST OFFICE BOX)		Wimauma, FL 33598			
3. If amending the registered agent and/or regent and/or the new registered office address  Name of New Registered Agent:	<u>~</u>		, enter the name of the new regis		
	5460 Flint Hill:	s Drive			
New Registered Office Address:	Enter Florida street address				
	Wimauma		. Florida 33.598		

## N

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
MGR	Ledian Garcia La Rosa	7633 BULLS HEAD DRIVE	
		WESLEY CHAPEL, FL 33545	■Remove
			□Change
MGR	JOSE M CARBALLO	5460 FLINT HILLS DRIVE	□Add
		WIMAUMA, FL 33598	□Remove
			<b>■</b> Change
MGR	ELEIDI FLORES	5460 FLINT HILLS DRIVE	
		WIMAUMA, FL 33598	□Remove
			Change
			□Remove
			☐ Change
			□Add
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fective date, if other than the	e date of filin	12:			(optional)		
in effective date is listed, the date mu ote: If the date inserted in this b	st be specific an	d cannot be prior	to date of filing able statutory	or more than 90 filing requirent	days after tiling.)	Pursuant fill not l	to 605.020 oc listed :
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ecord specifies a delayed effective	te date, but no	t an effective ti	me at 12:01 a	m on the earl	ier of the The	90th da	v after th
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	Signature of a						

Filing Fee: \$25.00