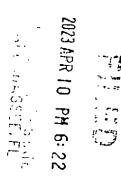
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(Requestor's Name)
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S. FRANCE LINE 1,47/2/4/2023

COVER LETTER

	ion Section of Corporations			
MAS SUBJECT:	SSIVE CRUSHERS LLC			
SUBJECT:	Name of L	imited Liability Company		
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.		
Please return all co	rrespondence concerning this matt	er to the following:		
	NADEEM VEERANI			
	-	Name of Person		
	MASSIVE CRUSHERS	SLLC		
		Firm/Company		
	8722 CRESTGATE CIR	₹		
	- · · · · · · · · · · · · · · · · · · ·	Address		
	ORLANDO, FL 32819			
		City/State and Zip Code		
	nick4045457711@gmail.			
	E-mail address	s: (to be used for future annual report notification)		
For further information	tion concerning this matter, please	eall:		
NADEEM VEERA	ANI	404 545-7711 at ()		
N'	ame of Person	Area Code Daytime Telephone Number		
Enclosed is a check	for the following amount:			
≡ \$25.00 Filing F	Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)		
Mailing Ac Registrat	ddress: ion Section	Street Address: Registration Section		
Division of Corporations		Division of Corporations		
P.O. Box		The Centre of Tallahassee		
Tallahass	see, FL 32314	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now a	ppears on our reco	rds.)		
The Articles of Organization for this Limited Liability Company were filed on 03/13/2023 Florida document number L23000126998			and assigned		
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity compai	<u>ıy here</u> :			
The new name must be distinguishable and contain the words "Limited Liability	y Company,"	the designation "L!	.C" or the abbrevi	ati a⊟ 'LI.	C."
Enter new principal offices address, if applicable:			$\bar{\mathfrak{I}}_{\underline{i}}$	23 AS	
(Principal office address MUST BE A STREET ADDRESS)			Ş	**************************************	الله و را الله و د را
			<u> </u>	<u> </u>	
Enter new mailing address, if applicable:				6.	ارجات المسالية
(Mailing address MAY BE A POST OFFICE BOX)			. سا	7	
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	ldress on o	ur records, <u>ente</u>	r the name of	the new	<u>register</u>
Name of New Registered Agent:					
New Registered Office Address:					
	Entei	r Florida street addre	283		

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.

Cuv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
AMBR	RAFAEL RAMOS	1420 WALTHAM AVE	■Add
		BELLE ISLE, FL 32809	□Remove
			Change
			□Add
			□Remove
			Change
			🖸 Add
			Remove
			□Add
			Remove
		<u>-</u>	□Change
			OAdd
			🗆 Remove
			□ Change
			D∧dd
			Clar

Effective date, if other than the date of filing:	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be I document's effective date on the Department of State's records.	_
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personal specifies a delayed effective date, but not an effective time, at 12-01 a.m. on the cartier of (b). The 90th day at	505.0207 (. isted as tl
ord is filed.	fter the
Dated	
Nadeem Vaarani	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00