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## Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001217243)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : 120180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

ကြောင်း Address:\_

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARGARITA'S CRAFTY CREATIONS LLC

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H23000121724 3)))

MARGARITA'S CRAFTY CREATIONS LLC	11		
(A Florida Limited	nany as it now appears on our records.) Hability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on 03/13/2023	and assi	gned
Florida document number L23000129175			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited lia</u>	bility company here:		
The new name must be distinguishable and contain the words "Limited Liab	nhty Company." the designation "LLC" or the	abbreviation "L.L	.C.'
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)			
		<u> </u>	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the na</u>	<u>ime of the new</u>	regist
		20	
Name of New Registered Agent:		2023 HAR	
		Ŕ	<u>: ۲</u>
New Registered Office Address:	Enter Florida street address	<u> </u>	_ <u></u>
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	, Florida	تبو Zip Cod	
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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

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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 (((H23000121724 3)))

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	RAMIR, MARGARET	806 SW 1ST CT	
		HALLANDALE BEACH, FL 33009	■Remove
AMBR	MARGARET RAMIREZ	806 SW 1ST CT	■Add
		HALLANDALE BEACH, FL 33009	
			Change
		<del></del>	□Remove
			□ Change
			🗀 Add
			□Remove
			Change
			□ Add
			□Remove
			[] Change
			🗆 Add
			□Remove
			(II) Change

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			-		

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.

2023 Margaret Ramirez

Typed or printed name of signee