L23000184519

Office Use Only



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COVER LETTER

.

TO: Registration Section

Division of Cor	porations		
SUBJECT: CRA		RINE LLC ited Liability Company	
	Name of Linu	ned Liability Company	
The contend Amidee of	A descent and factor are guide	mitted for filing	
The enclosed Articles of	Amendment and fee(s) are sub-	minica for ming.	
Please return all correspo	ndence concerning this matter	to the following:	
	Matthen	Mervitt Name of Person	
	Crawdad	Merritt Name of Person Marine LLC Firm/Company	
	14353 Mi	ddlefield Ln Address	··· ·
	Odessai	/FL 33556	•
	Mattme E-mail address: (FL 33556 City/State and Zip Code YY i + + 06 @ 9 Mai i to be used for future annual report notified	7. Com 24.
For further information c			
Matthew	Merritt	all: at (352) 283 - Area Code Daytime	0797
Name o	t Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
⊈\$25.00 Filing Fee	☐ \$30.00 Filing Fec & 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)
Mailing Addres Registration S		<u>Street Address:</u> Registration Sect	ion
Division of C	-	Division of Corp	
P.O. Box 632 Tallahassee, l		The Centre of Ta 2415 N. Monroc	
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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appea ability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L 23000184519</u> .	vere filed on	4/13/2023	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability	y Company," the	designation "LLC" or the abbrev	iation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>	70
(Principal office address MUST BE A STREET ADDRESS)			59 T
		<u>:</u>	P
Enter new mailing address, if applicable:		-n	
(Mailing address MAY BE A POST OFFICE BOX)		177	<u> </u>
B. If amending the registered agent and/or registered office ad agent and/or the new registered office address here:	dress on our i	ecords, enter the name of	the new registere
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
New Registered Agent's Signature, if changing Registered Agent:	City	7	Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p			

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
AMBR	Matthew Merritt	14353 Middlefield L.	1 [LAdd
		Odessa, FL 33556	□Remove
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		mot be prior to date	of filing or more than	(optiona	t l) ng.) Pursi	ant to 605 020
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