L23000248085

(Red	luestor's Name)	
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COVER LETTER

TO: Registration Section . Division of Corporations		
SUBJECT: Crazy Cats Name	of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) a	are submitted for filing.	
Please return all correspondence concerning this r	matter to the following:	
<u>Nipa</u>	Name of Person	
Crazi	+ Cats Garage LLC Firm/Company	
376	SW 45th Ter	
WEST	Park FL 33023 City/State and Zip Code	
Nyaca E-mail add	dress: (to be used for future annual report notification)	M
For further information concerning this matter, ple	lease call:	
Nya Caudell Name of Person	at (954) 842 -5563 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
□ \$25.00 Filing Fee Certificate of Star		tus &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A Crozy (at's (Name of the Limited Lightlity Compa	ny as it now appears on our records.)	
(Name of the Limited Liability Compa (A Florida Limited I	nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000248085</u>	were filed on <u>5/19/2023</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liability Contains the Contains t	ity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		2023 SEP -8
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name	of the new registered ယ ယ ယ သ
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
No. 10 to the state of the stat		

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.

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>	Address	Type of Action
			□Remove
			□ Change
			□Add
			□ Remove
			□Change
			□ Add
			□Change
		_	□Add
			□Remove
			□Add
			□Remove
			□Add
			□Remove
			□Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
if an ei <u>Note:</u>	tive date, if other than the date of filing: [Sective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
e reco	rd 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 iled.
Dated	Signature of a member of a mem
	Signature of a member or authorized representative of a member
	Nya Cardell
	Typed or printed name of signee