L23000272996

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23 JUN 29 AM 9: 4 SECOND PART OF STAT [ALL:JEASSEE, FLORID

COVER LETTER

Division of Corporations					
FLOR CRA					
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Flor Craig				
	Name of Person				
	Flor Craig, LLC				
	Firm/Company				
	786 SW 158 Way				
	 -	Address			
	Pembroke Pines, FL 3302	7			
		City/State and Zip Code			
	florcraig@gmail.com	to be used for future annual report notif	lication)		
For further information c	oncerning this matter, please c				
Anthony Dieguez, Esq.		305 556-4106			
Name of Person		Area Code Daytima	e Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address: Registration Section		Street Address: Registration Sec			
Division of Corporations		Division of Corporations			

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

Registration Section

TO:

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

23 JUN 29 IN 96 LF

FLOR CRAIG, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on	023 and assigned	
Florida document number L23000272996			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	798 SW 158 Way		
(Principal office address MUST BE A STREET ADDRESS)	Pembroke Pines, FL	33027	
Enter new mailing address, if applicable:	798 SW 158 Way		
(Mailing address MAY BE A POST OFFICE BOX)	Pembroke Pines, FL 33027		
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida si	reet address	
	, Florida City Zip Code		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my oprovided for in Chap	duties, and I am familiar with and ter 605, F.S. Or, if this document is	
If Char	nging Registered Agent, S	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
			□Remove
			□Change
			□Add
			□Remove
		·	□Change
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		,	□ Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ___ _ (optional) (If an effective 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)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. 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. Dated June 26 2023 ignature of a member or authorized representative of a member Anthony Dieguez, Esq. Typed or printed name of signee

Filing Fee: \$25.00