# L23000349539

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SECRITARY OF STATE

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TO: •

Tallahassee, FL 32314

TO: Registration Se Division of Cor		•	•
SUBJECT: CRAFTED	CONCEPT LLC		
3011.C1.	Name of Limi	ited 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:	
	GISELLE TILOKEE		
		Name of Person	
		Firm/Company	
	2900 W SAMPLE RD BO	OTH 3307	
		Address	
	POMPANO BEACH, FL	33073	
		City/State and Zip Code	
	GCHARMSBAR@GMAIL	COM to be used for future annual report noti-	fication
For further information c	oncerning this matter, please co		
GISELLE TILOKEE		at (954 ) 826-4602 Area Code Daytim	
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	he following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & 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	88:	Street Address:	
Registration 5	Section	Registration Sec	
Division of C P.O. Box 632		Division of Cor The Centre of T	•
r.O. box 032	. 1	The Centre Of 1	ananasee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT

## TO ARTICLES OF ORGANIZATION OF

CRAFTED CONCEPT LLC	
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(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 JULY 24, 2023 and assigned Florida document number 1.23000349539 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET\_ADDRESS) 2900 W SAMPLE RD BOOTH 3307 Enter new mailing address, if applicable: POMPANO BEACH, FL 33073 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

#### 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 omending Authorized Person(s) authorized to manage, enter me 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
MGR	ELIZABETH HUBBELL	330 SE 8TH AVE	
		DEERFIELD BEACH, FL 33441	■Remove
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