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COVER LETTER

Division of Corporations	
SUBJECT: Mered the Paige Crager LLC Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:	
Meredith Kent Name of Person	
Meredith Paige Crager Firm/Company	
1252 Tall Dats Rd. Deland, FL 32720 Address	
Deland, FL 327 ZU City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Mevedith Kent at (386) 748-2711 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
☐ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee & Certificate of Status (additional copy is enclosed) ☐ \$60.00 Filing Fee & Certificate of Status (additional copy is enclosed) ☐ \$60.00 Filing Fee & Certificate of Status (additional copy is enclosed)	tus &
Mailing Address: Street Address:	

Registration Section

TO:

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

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

(Name of the Limited Lia (A Flo	lity Company as it now appears on our recorded Limited Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Florida document number <u>L 23000358520</u>	Company were filed on 7/31/202	24 and assigned
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	nited liability company here:	
The new name must be distinguishable and contain the words	mited Liability Company," the designation "LLC"	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DRESS)	
	 	
		Ö
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	ں انا
(Mailing address MAY BE A POST OFFICE BOX		
B. If amending the registered agent and/or registe agent and/or the new registered office address her		the name of the new registered
Name of New Registered Agent:	evin Crager	
New Registered Office Address:	Enter Florida street address	s
	Ela	arida
	City , FIG	orida Zip Code

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>	Name	Address	Type of Action
MAR	Kevin Crager	1252 Tall Oaks Rd.	GXdd
		1252 Tall Oaks Rd. Deland, FL 32720	□Remove
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ecord spo	ecifies a delayed	l effective date	e, but not an effect	tive time, at 12:01 a.n	n. on the earlier of: (b) Tho	90th day after the
nted	July	l .	. 20	24.		
	<u> </u>	Signa	ature of a member of	r authorized representati	ve of a member	
	•		,	LT printed name of signee		
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Filing Fee: \$25.00