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Certified Copies	Certificates	of Status
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>University Cleance</u> <u>Ultrascump</u> Stadic And SIDA , U.C. 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:

	Name of Person	
	Firm Company	
128 F-100	Address	
EAST PALATK		32131
	City/State and Zip Cod	e e

For further information concerning this matter, please call:

Kirrician Briclainat (104)955-1955Name of PersonArea CodeDaytime Telephone Number

Enclosed is a check for the following amount:

☑ S25.00 Filing Fec

☐ \$30.00 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 Adcress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

	HAND GAOLENCE			, Hard CIAL	LLC
(<u>Name</u>	of the Limited Liability Comp (A Florida Limited	<u>pany as it now appears on o</u> d Liability Company)	ar records.)		

The Articles of Organization for this Limited Liability Company were filed on 4, 27, 29 and assigned Florida document number L23CCC3745C5

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CRUM AND COLORE STOPIC, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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:

NIA	
Enter Florida street address	
	rida Zur Cade

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
P	KATLAN PARULUN	128 FLLWICED RO	🛄 Add
		EHST PALATKH, FL	Reniove
		32131	Thange
V	K SALL PRUL-N	3551 CLRRY RD	I ntal
		CHINE FL	ERemove
		32092	Change
		<u> </u>	IAdd
			🗆 Remove
			I Change
			⊒∧dd
			Change
			⊇Add
			∐Remove
			Change
			🗂 Add

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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.

Filing Fee: \$25.00