L23000412039

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COVER LETTER

O: Registration S Division of Co		•	•
Crazy Lin	ers LLC.		,
JBJECT:	Name of Lin	mited Liability Company	
ne enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	2023 \$50
ease return all corresp	ondence concerning this matte	r to the following:	. 19
	Fidel Macias Periquet		· H
		Name of Person	<u> </u>
	Crazy Liners, LLC.		
		Firm/Company	
	6420 70th AVE. North		
		Address	
	Pinellas Park, Fl 33781		
	Marlonmacias342@gmail.c	City/State and Zip Code	
		(to be used for future annual report not	ilication)
or further information (concerning this matter, please o	call:	
Iarlon Macias		727 4593858 at ()	
Name (of Person		ne Telephone Number
nclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	□ \$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 Address Registration	Section Section	Street Address: Registration Sec	ction
Division of C P.O. Box 632		Division of Cor	•
Tallahassee,		The Centre of T 2415 N. Monro	allahassee e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023	
3	
6 L	

Zip Code

Crazy Liners, LLC.		
(Name of the Lin	nited Liability Company as it now a (A Florida Limited Liability Comp	**
he Articles of Organization for this Limited lorida document numberL23000412039	Liability Company were filed o	on September 14th, 2023 and assigned
his amendment is submitted to amend the fo	Howing:	
. If amending name, enter the new name	of the limited liability compa	ny here:
he new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "L.L.C." or the abbreviation "L.L.C."
nter new principal offices address, if appli		
^p rincipal office address MUST BE A STRE	ET ADDRESS)	
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE	<u> </u>	
. If amending the registered agent and/or gent and/or the new registered office address.	registered office address on o	our records, enter the name of the new regist
Name of New Registered Agent:	Fidel Macías Periquet	
New Registered Office Address:	6420 70th AVE. North	
- 	Ente	r Florida street address
	Pinellas Park	. Florida ³³⁷⁸¹

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and eccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

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

1GR = Manager

.MBR = Authorized Member

itie	<u>Name</u>	Address	Type of Action
MBR	Marlon Macias Padrón	6420 70th AVE. North Pinellas Park, Fl 33781	≣ ∧dd
			□Remove
			□Change
			□ □Add 023 CRemove
			Remove 5
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ective date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to If the date inserted in this block does not meet the applications's effective date on the Department of State's records.	(optional) o date of filing or more than 90 days after filing.) Pursuant to 605.020 ble statutory filing requirements, this date will not be listed a
d specifies a delayed effective date, but not an effective tim led.	ne, at 12:01 a.m. on the earlier of: (b) The 90th day after the
September 14th 2023	
Signature of a member or authori	ized representative of a mambar
	er er er en en en skritterer er er er en bletterer