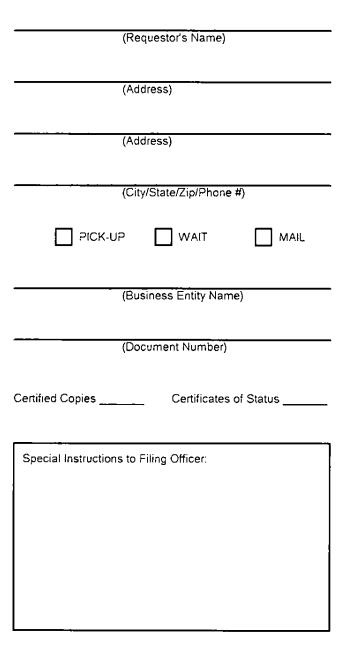
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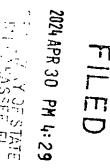






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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Co	rporations				
	ctive Artisan LLC				
SUBJECT:	Name of Lin	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Jaysa Hunter				
		Name of Person			
	The Collective Artisan				
	Firm/Company				
	P.O. Box 2237				
	Address				
	Santa Rosa Beach, FL 32459				
		City/State and Zip Code			
	shopthecollectiveartisan@g		TA		
Dan Cardhan In Carray		to be used for future annual report not	incation)		
	concerning this matter, please c	all:			
Jaysa Hunter		850 7143370 at ()			
Name o	f Person	at () Area Code Daytin	ne Telephone Number		
Enclosed is a check for the	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		Street Address:			
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Collective Artisan LLC			
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our records.) bility Company)		
The Articles of Organization for this Limited Liability Company we lorida document number 1.23000448451	ere filed on	and assigned	
his amendment is submitted to amend the following:			
a. If amending name, enter the new name of the limited liabilit	ty company here:		
he new name must be distinguishable and contain the words "Limited Liability	Company," the designation "LLC" or the abl	previation "L.L.C."	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRESS)	- (* f 2 m (*)	7024 APR	
		PR TI	
•	(m. 1) (m. 1)	30	
Inter new mailing address, if applicable:	် တွင်	, LILLI	
Mailing address MAY BE A POST OFFICE BOX)	Ţīο		
muning address may be a root of ree box	——————————————————————————————————————	29	
 If amending the registered agent and/or registered office adegent and/or the new registered office address here: 	dress on our records, enter the name	e of the new regis	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	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 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>	<u>Address</u>	Type of Action
AMBR	Adrianne Brackett	600 Grand Blvd, STE, 102	
		Miramar Beach, FL 32550	Remove
			□Change
			□Add
			□Remove
			□Change
			🖸 Add
			Remove
			Change
			□Add
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			□ Change
			□Add
			□Remove
			□ Change

			
			
			
			····
			
 -			
Effective date, if other than the (If an effective date is listed, the date mote: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 days after ole statutory filing requirements, this	nal) filing.) Pursuant to 605.0207 (3)(date will not be listed as the
he record specifies a delayed effect ord is filed.	ive date, but not an effective tim	e, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
Dated April 25	2024	<u>.</u> .	
- June	U LLUNTUV Signature of a member or authori	zed representative of a member	
Jaysa Hunter			
	Typed or printed	name of signee	

Filing Fee: \$25.00