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PICK-UP WAIT MAIL
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COVER LETTER

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TO:

		tration Sec on of Corp					
Hanerafted Ceramics US LLC							
SUBJECT:Name of Limited Liability Company							
The encl	iosed A	Articles of A	amendment and fee(s) are sub	mitted for filing.			
Please re	cturn a	ll correspor	dence concerning this matter	to the following:			
			Denise Castro				
				Name of Person			
			Handcrafted Ceramics US	LLC			
				Firm/Company			
	9107 Galleon Court						
				Address			
			Orlando, FL 32819				
				City/State and Zip Code			
			dcastro@csumb.edu				
C 6.→L			E-mail address: (to be used for future annual report noti	neation)		
			meerining this matter, piease co				
Denise (Castro			831 229-8800 at ()			
		Name of	Person	Area Code Daytim	e Telephone Number		
Enclosed	d is a c	heck for the	e following amount:				
□ \$ 25.	.00 Fil	ing 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				<u>Street Address:</u> Registration Se	ection		
Division of Corporations			orporations	Division of Co	Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314					The Centre of Tallahassee 2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hancrafted Ceramics US LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>L23000472280</u>	were filed on 10/1/2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Handcrafted Ceramics US LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	noul	2023
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	same	T T
(Mailing address MAY BE A POST OFFICE BOX)		🛒 🔆
		产验 🔁
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records,	
		U
New Registered Office Address:	Enter Florida stree	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capaci. performance of my du provided for in Chapte.	ties, and I am familiar with and r 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Effective date, if other than the date of filing: 12/14/2023 (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207	21	o changes hue
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		Davis Casto
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	D	enise Castro

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Filing Fee: \$25.00

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>	Address	Type of Action
			□Remove
			□ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□Remove
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