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COVER LETTER

TO:

Registration Section Division of Corporations

	uctive, LLC			
SUBJECT:	Name of Lim	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:		
	Melissa Gratias			
		Name of Person	· • · · · ·	
	Crazy Productive, LLC			
		Firm/Company		
	3171 N. Ocean Shore Blve	i .		
		Address		
	Flagler Beach, FL 32136			
		City/State and Zip Code		
	getproductive@melissagrat			
	E-mail address: (to be used for future annual report noti	fication)	
For further information c	oncerning this matter, please c	all:		
Melissa Gratias		423 240-7788 at ()		
Name o	f Person	at () Area Code Daytim	e Telephone Number	
Enclosed is a check for the	he following amount:			
■ \$25.00 Filing Fee	S30.00 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 Addres Registration S		Street Address: Registration Se	ction	
Division of Corporations		Division of Cor	Division of Corporations	
P.O. Box 6327			The Centre of Tallahassee	
Tallahassee,	FL 32314	2415 N. Monro	e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crazy Productive, LLC		
(Name of the Limited	Liability Company as it now appears on our records. Florida Limited Liability Company)	,)
The Articles of Organization for this Limited Liab	oility Company were filed on 3/21/2024	and assigned
This amendment is submitted to amend the follow	ving:	202 ! SE TALL
A. If amending name, enter the new name of t	he limited liability company here:	FIL 2024 JUN 21 SECRETAR
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		he name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Floi	rida
	City	Zin 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, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Eric J. Gratias	3171 N. Ocean Shore Blvd.	
		Flagler Beach, FL 32136	□Remove
			\equiv \eq
			☐ Change
			DAdd
			□Remove
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change

ıı amı	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Mect	tive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after tiling.) Pursuant to 605.0207 (
iote:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ment's effective date on the Department of State's records.
reco d is fi	rd 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 iled.
Dated	6/18/2024
	Melias B Dratias
	Signature of a member or authorized representative of a member
	Melissa B. Gratias
	Typed or printed name of signce

• • • •

Filing Fee: \$25.00