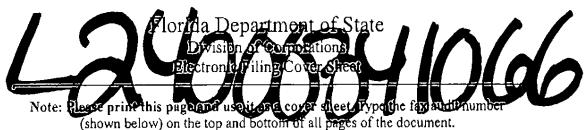
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OMsion of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PETERSON & MYERS PA

Account Number : 120080000078
Phone : (863)683-6511

Fax Number : (863)688-8099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: AWalls@petersonmyers.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRAM HOLDINGS, LLC

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T. LEMIEUX

DEC - 5 2024

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## COVER LETTER

TO: Registration Se Division of Cor			
	LDINGS, LLC		
SUBJECT:	Name of Lim	ited Lisbility Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	indence concerning this matter	to the following:	
	amanda L. Walls		
		Name of Person	<del>,</del>
	PETERSON & MYERS, F	P.A.	
		Firm/Company	
	225 EAST LEMON STRE	ET, SUITE 300	
		Address	<u> </u>
	LAKELAND, FLORIDA	33801	
		City/State and Zip Code	
	awalls@petersonmycrs.com	i to be used for future annual report no	
For further information c	oncerning this matter, please c		MERATION
Amanda L. Walls	•	863 683-6511	
Name 0	f Person	at() Area Code Dayti	me 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (addllonal copy is enclosed)
Mailing Addres Registration		<u>Street Address:</u> Registration S	ection
Division of C	Corporations	Division of Co	prporations
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810
	<del></del> -	Tallahassee F	

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	If Changing Registered Agent, Signature of New Re	glstered Agent
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nd agree to act in this capacity. I further ag nplete performance of my duties, and I am , ant as provided for in Chapter 605, F.S. Or,	familiar with and if this document is
New Registered Agent's Signature, If changing Registered	City Agent:	Zip Code 💝
	, Florida	75 04 10
	Enter Florida street address	- 5 <u>5</u> 5
New Registered Office Address:		<u> </u>
Name of New Registered Agent:		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>enter the nam</u>	e of the new registered
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable;		
(Principal office address MUST BE A STREET ADDRE	SS)	
Enter new principal offices address, if applicable:		<del></del>
The new name must be distinguishable and contain the words "Limited	I Liability Company," the designation "LLC" or the ab	braviation "L.L.C."
CRAM PARTNERSHIP, LLC		
A. If amending name, enter the new name of the limiter	d liability company here:	
This amendment is submitted to amend the following:	,	
Florida document number L24000341066		
The Articles of Organization for this Limited Liability Con	npany were filed on 08/08/2024	and assigned
(A Plotkia Li	Company as it new sonears on our records.) miled Liability Company)	
CRAM HOLDINGS, LLC	Company as it now sonears on our records.)	<del></del>

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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 Type of Action <u>Addresa</u> <u>Title</u> Name. \_ DAdd \_ | Remove \_\_ DChange \_\_\_\_\_ □Remove \_\_\_\_\_ Change \_ 🗆 Remove \_\_\_\_\_ Change \_\_\_\_\_ CRamove \_\_ □Change Remove \_ Change \_\_ □Add

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Tective date, if other than t an effective date is listed, the date is ote: If the date inserted in this accument's effective date on the	nust be specific an block does not t	id crimnol be pri meet the appl	or to date of filling icable statutory	g or more than 90 c filling requirem	inys biler illing.) i	Pursuant to 605.0207 fill not be listed as
record specifies a delayed effec l is filed.	live dale, but no	ol an effective	flme, at 12:01	s.m. on the earli	erofi(b) The	90th day after the
December 4	•	2024				
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Aman	sah M	alle				

Filing Fee: \$25,00