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T. Greene 11-14-24

COVER LETTER

Division of Corporations			
SUBJECT: CruSt and	Comb Name of Limited Liab	Social Ho	USE IIC
The enclosed Articles of Amendment and fe	e(s) are submitted f	or filing.	
Please return all correspondence concerning			
<u>Jorge</u>	Y Bae	Z Carcia	
Cru8t	and Cri	umb Soci	al House LLC
5027	White	Address Address	<u> </u>
St. Clar	Jd Fl	34771 State and Zip Code	
<u> Yaro</u> E.	\mathcal{M}	ON COM ed for future annual report noti	fication)
For further information concerning this matt	er, please call;		
Jorge Y Raez Gay	cia	at (<u>407</u>) <u>399 -</u> Area Code	2055 ne Telephone Number
Enclosed is a check for the following amour	ıt:		
\$25.00 Filing Fee S30.00 Filing Certificate of	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	ction
Division of Corporations P.O. Box 6327		Division of Col The Centre of T	rporations
L.O. DON OUAT		THE COME OF	the state of the s

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Crumb Social House LLC

(A Florida Limit	ted Liability Company)	n our recorus.	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L24 000 417 346</u>	any were filed on <u>0</u> 9	125/2026	and assigned
This amendment is submitted to amend the following:	ding name, enter the new name of the limited liability company here: : must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." principal offices address, if applicable: office address MUST BE A STREET ADDRESS) mailing address, if applicable: ddress MAY BE A POST OFFICE BOX) ding the registered agent and/or registered office address on our records, enter the name of the new registered or the new registered office address here: ame of New Registered Agent:		
A. If amending name, enter the new name of the limited 1	liability company here:	:	
The new name must be distinguishable and contain the words "Limited L	iability Company," the desig	gnation "LLC" or the ab	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)	ù		-
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered offi agent and/or the new registered office address here:	ice address on our reco	ords, <u>enter the nam</u>	ie of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida	street address	
		Florida	
	City	, Fiorida	Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		

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 Changing Registered Agent, Signature of New Registered Agent

1f 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
MGR	Jorge YT	<u>3aez</u>	5027	whitewater wy	Ĺ □Add
		Gaecia	St. Cla	nd F1 3477	□Remove
					A Change
MGR	John J	Lorenzo	<u>418</u>	Lyoning are	□Add
		1401G	OCU ST	- Clone F134	769 _{3Remove}
					□Add
				: :	Remove Control of the second
					- J. Dange
					□Change
					🗆 Add
					□Remove
					[]Change
					□Remove
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		<u> </u>				
te: If the date	f other than the date listed, the date must be sp inserted in this block de- ive date on the Departe	oes not meet the ap	plicable statutory	or more than 90 days filling requirements	optional) after filing.) Pursuan , this date will not	t to 605,020 be listed a
cord specifies (filed.	a delayed effective date	. but not an effecti	ve time, at 12:01 a	.m. on the earlier o	f: (b) - The 90th d:	ay after the
ed <u>10</u>	-18-24					
	Signa	dure of a member or	authorized represent	ative of a member	<u></u>	_
	1.	/ h ~=		:		

Filing Fee: \$25.00