

L12 000 118628

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

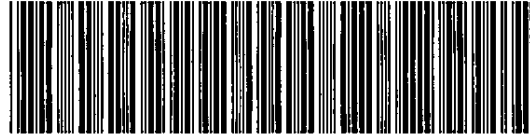
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. SALY  
EXAMINER  
AUG 3

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CREATIVE INVESTMENT & CONSULTING LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MARIE B. CODE, ESQ.

\_\_\_\_\_  
Name of Person

MARIE B. CODE, ESQ., P.L.

\_\_\_\_\_  
Firm/Company

1308 SW 27TH TERRACE

\_\_\_\_\_  
Address

CAPE CORAL, FLORIDA 33914

\_\_\_\_\_  
City/State and Zip Code

MARIE@MARIEESQUIRE.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIE B. CODE

239 829-0063  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA  
2012 and assigned

**(Name of the Limited Liability Company as it now appears on our records)**  
**(A Florida Limited Liability Company)**

**This amendment is submitted to amend the following:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

LEHIGH ACRES, FLORIDA 33971

LEHIGH ACRES, FLORIDA 33971

## Zip Code

## Page 1 of 3

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> | <u>Type of Action</u>           |
|--------------|-------------|----------------|---------------------------------|
|              |             |                | <input type="checkbox"/> Add    |
|              |             |                | <input type="checkbox"/> Remove |
|              |             |                | <input type="checkbox"/> Change |
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|              |             |                | <input type="checkbox"/> Change |

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**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

THE ADDRESS OF THE SOLE AUTHORIZED MEMBER, HANSPETER BAUMANN IS NOT CURRENT  
THE CURRENT ADDRESS ON FILE (4821 CORONADO PARKWAY, CAPE CORAL, FLORIDA 33904)  
SHOULD BE AMENDED TO REFLECT THE MEMBER'S NEW ADDRESS. THIS NEW ADDRESS IS  
AS FOLLOWS: 5781 LEE BLVD., #208-426, LEHIGH ACRES, FLORIDA 33971.

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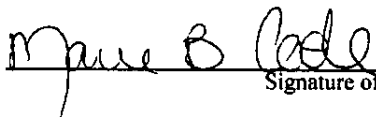
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 28, 2016



Signature of a member or authorized representative of a member

MARIE B. CODE, AUTHORIZED REPRESENTATIVE

Typed or printed name of signee