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Office Use Only



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SECRETARY OF STATE

COVER LETTER

Division of Corporations	
UBJECT: Kreative Decorations Nume of Limited Liability Company	
he enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
Deborah Tercier Name of Person Kreative Decorations	
1/10/11/2 LECOVATIONS	
rim/Company	
5918 Wiley St. Apt #+	
Hollywood, FL 33023	
City/State and Zip Code Alestiyana C yanoo. Can E-mail address: (to be used for future annual report notification)	
or further information concerning this matter, please call:	
Deburah Tercier at 786 290-0720 Name of Person Area Code Daytime Telephone Number	
nclosed is a check for the following amount:	
□ \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 11/05/2013 and as Florida document number 13000155535

This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
Kreative Decorati	• 1 3	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designat	
Enter new principal offices address, if applic	able:	2020 SEC TALL
(Principal office address MUST BE A STREE	T ADDRESS)	ARE TO
		SS SS
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	ララ : O
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or r	egistered office address on our record	s, enter the name of the new registered
agent and/or the new registered office address	ss here:	
Name of New Registered Agent:		
Naw Paulistared Office Address		
New Registered Office Address:	Enter Florida stre	eet address
	City	, Florida Zip Code
		Sip Cour

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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
		1,0	Change
			□Add
			□Remove
			□Change
		-	□Add
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			□Add
			□ Remove
			□Change
			□Add
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			☐ Change
			□Add
			□Remove

iam	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
an e	tive date, if other than the date of filing: (optional) ffective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
	and 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 filed.
atec	08/14/20 .00.
	Signature of a member or authorized representative of a member
	Deburah lercier Typed or printed name of signee

. . . .

Filing Fee: \$25.00