Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number: 110432003053 Phone : (561)694-8107

Fax Number : (561)214-8442

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

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Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Compa-	ny as it now appears or	our records.)	
			Ų.
The Articles of Organization for this Limited Liability Company	were filed on	72019	and assigned Z
Florida document number 1.19000109111			and assign oct 21
This amendment is submitted to amend the following:			72
	 . •		
A. If amending name, enter the new name of the limited liab	ility company here:		hreviation "L.C."
Turtle Designs, LLC The new name must be distinguishable and contain the words "Limited Liabil	5 O PA 2 5	of the Country of	bassistian "I I C."
The new name must be distinguishable and contain the words "Limited Liabil			Breviation C.C.C.
Enter new principal offices address, if applicable:	5050 Biscayne Blvd. Suite 100		
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33137		
Enter new mailing address, if applicable:	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	addies on our reco		
New Registered Office Address:			
		street address	
		, Florida	Zip Code
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	performance of my provided for in Cha	v duties, and 1 am _. ipter 605, F.S. Or,	familiar with and if this document is
company has been notified in writing of this change.			
<u>. </u>			
If Cha	nging Registered Agent	. Signature of New Re	gistered Agent

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
AMBR	Daniel Garibotto	2020 NE 153 St., Unit 102	□Add
		North Miami Beach, FL 33162	■Remove
			□Change
AMBR	Andrew Jason Garibotto	5050 Biscayne Blvd. Suite 100	■Add
		Miami, FL 33137	□Remove
			□Change
***************************************			□Add
			□Remove
			Change
			DAdd
			Remove
			□Change
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			Change
			□Add
			□Remove
			□Change

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	the Department of State's records.	
record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day aft	ffective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	er the
is filed.		
October 21st 2021	2021	
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Typed or printed name of signee