## L19000174906

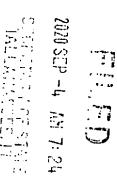
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## **COVER LETTER**

TO: Registration Section
SUBJECT: 5 by 5 CREATIONS, 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:
PICHARD A. TIPDENHAMER  Name of Person  SIR REAL PRINTING, LLC  Firm/Company
Firm/Company
6538 COLLINS AVE #416
MIAMI BEACH, FL 33141  City/State and Zip Code  TIPPENHAUER. RA & GMALL. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  PICHARD A. TIPPENHAMER at (954) WHT-5757  Name of Person  Name of Person  Daytime Telephone Number
Enclosed is a check for the following amount:    S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status   Certificate of Status & Certificate o

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

Street Address: 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

5 by 5 CREATIONS, LLC

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000174906</u>	were filed on $\frac{07/08/2019}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab  FEAL PRINTIN  The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6538 COLLINS AVE #416 MIAMIBEACH, FL 33/41
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6538 COLLINS AVE #416 MIAMI BEACH, FL 3314
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	****
New Registered Office Address:	Enter Florida street address
	, Florida 2

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.

City

Zip Code

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>	Address	Type of Action
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(If an effec Note: 11	tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuam to 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
ne record ord is filed	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 f.
	00/21
Datec _	08/31 2020
Datec _	Signature of member authorized representative of a member

Filing Fee: \$25.00