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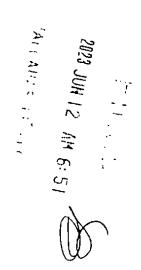
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## **COVER LETTER**

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TO: Registration Sec Division of Corp	
SUBJECT:	Organization Creations LLC
30bJEC1.	Organization Creations LLC Name of Limited Liability Company
The enclosed Articles of A	mendment and fee(s) are submitted for filing.
Please return all correspon	dence concerning this matter to the following:
	Jessica Boase Name of Person
	Firm/Company
	1305 Leslie Dr.
	Merrith Island FL. 32952 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further information con	ncerning this matter, please call:
Jessica Name of	Boase at (321) 412-5789 Person Area Code Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, FI	Registration Section  porations  Division of Corporations  The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

· - - - -

	Or	2022
(Name of the Limited I	ction C'eations Liability Company as it now appears o Florida Limited Liability Company)	2023 JUN 12 AM 6:51
The Articles of Organization for this Limited Liabi	ility Company were filed on <u>Fe</u>	
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the Organization C. The new name must be distinguishable and contain the word		,
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or regi agent and/or the new registered office address h		ords, <u>enter the name of the new registe</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida	ı 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 agree to act in this capacity. I further agree to comply with 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 i 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		<del></del>	□Remove
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	re date, if other than the date of filing: (optional)  ctive 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
Note: I	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
посище	nt's effective date on the Department of State's records.
record d is file	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 d.
	_
Dated _	June 7 . 2023.
_	
	Dessua Boase
	Signature of a member or authorized representative of a member
	Taccia Rossa
	Typed or printed name of signee