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April.

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COVER LETTER

Divi	ision of Corp	orations		
SUBJECT:	BREEZE CR	REATIVE, LLC		
SOBJECT.		Name of Limit	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter t	o the following:	
		YEHEZKEL, SAGI		
			Name of Person	
		BREEZE CREATIVE, LLC	2	
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	 .
		5901 SW 74th St. SUITE 3	09	
			Address	
		MIAMI, FL 33143		
			City/State and Zip Code	
		AVIH@BREEZECREATIV		
		E-mail address: (to	o be used for future annual repo	rt notification)
For further in	iformation coi	ncerning this matter, please ca	H:	
AVRAHAM	HORWITZ		305 363822 at ()	28
	Name of	Person	Area Code D	Paytime Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	Certificate of Status &

MAILING ADDRESS:

TO:

Régistration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BREEZE CREATIVE, LLC		
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our reco Liability Company)	ords.)
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L15000007549}{L15000007549}$.	were filed on 01/13/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		17A
		AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA
Enter new mailing address, if applicable:		SS P
Mailing address MAY BE A POST OFFICE BOX)		m, 3
3. If amending the registered agent and/or registered o egistered agent and/or the new registered office address her		rds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ada	lress
		Florida
	City	Zip Code

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

New Registered Agent's Signature, if changing Registered Agent:

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 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 added or removed from our records:

MGR = . Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HORWITZ, AVI	5901 SW 74th St.	□ Add
		Suite 309	
		 	■ Remove
		MIAMI, FL 33143	
MGR HORWITZ, AVRAHAM	HORWITZ, AVRAHAM	5901 SW 74th St.	a
		Suite 309	
			□ Remove
		MIAMI. FL 33143	☐ Change
MGR YEHEZKEL, SAGI	YEHEZKEL, SAGI	5901 SW 74th St.	
		Suite 309	■ Add
		Suite 107	Remove
		MIAMI, FL 33143	☐ Change
		 	to Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			□ Change
			□ Remove
			□ Change

CHANGE FROM "HORW	ITZ, AVI " TO "HORWITZ, AVRAHAM". "AVI" IS SHORT FOR "AVRAHAM"
THANK YOU.	
	
	<u> </u>
	
	
 	<u>. </u>
Effective data if other than th	o date of filings
Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ust be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 block does not meet the applicable statutory filing requirements, this date will not be listed a
the record specifies a delayed The 90th day after the re	ed effective date, but not an effective time, at 12:01 a.m. on the earlier cord is filed.
Dated	2018
	Signature of a member or authorized representative of a member

. D.

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Typed or printed name of signee

Filing Fee: \$25.00