## G38194

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## COVER LETTER

TO: Amendment Section **Division of Corporations** NAME OF CORPORATION: CREATIVE IDEAS ADVERTISING, INC. DOCUMENT NUMBER: \_\_\_\_ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: VICTOR H. DE YURRE, ESQ. Name of Contact Person LAW OFFICES OF VICTOR H. DE YURRE Firm/ Company 6780 CORAL WAY Address MIAMI, FLORIDA 33155 City/ State and Zip Code DEYURRE@AOL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: \_at (305 ) 632-3682 Area Code & Daytime Telephone Number VICTOR H. DE YURRE Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy

**Mailing Address** 

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

is enclosed)

## Articles of Amendment to Articles of Incorporation

of

CREATIVE IDEAS ADVERTISING, INC.	2019 OCT 26 PH 1: 03
(Name of Corporation as cu	irrently filed with the Florida Dept. of State)
G38194	
(Document Nur	nber of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statute its Articles of Incorporation:	es, this Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporati	<u>οπ:</u>
	The new
	poration," "company," or "incorporated" or the abbreviation " or "Co". A professional corporation name must contain the ation "P.A."
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRESS</u> )	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office a	
Name of New Registered Agent	
	rida street address)
New Registered Office Address:	. Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am far	
Signature of	New Registered Agent, if changing

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc				
X Remove	<u>V</u>	Mike Jones				
X Add	<u> </u>	Sally Smith				
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s			
1) Change	PD	MARITZA GUTIERREZ	3175 SW 8 STREET			
Add			MIAMI, FLORIDA 33135			
X Remove						
2) Change	PD	MARITZA C. GUTIERREZ, AS TRI	3175 SW 8 STREET			
Add		GUTIERREZ REVOCABLE	MIAMI, FLORIDA 33135			
Remove		TRUST	<del></del>			
3) Change			<del></del>			
Add						
Remove						
4) Change						
Add						
Remove						
5) Change						
Add			-			
Remove						
6) Change		<u> </u>				
Add			<del></del>			
Remove						

Attach <i>addi</i>	tional sheets,	if necessary).	icles, enter ch (Be specific)	<del></del>			
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lf an amen	dment provid	les for an exc	hange, reclass	fication, or ca	ncellation of	issued shares,	
provisions	for implement	nting the amo	endment if not	contained in	the amendme	nt itself:	
(ij noi	applicable, in	idicale N/A)					
						-	
				<del></del>		<del> </del>	· <del></del>
<del></del>	<del></del> -			<u> </u>			
					· · · • · ·		

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
10 Effective date <u>if applicable</u> :	//22/19	
<u></u>	(no more than 90) days after amendment file date)	
Note: If the date inserted in this document's effective date on the I	s block does not meet the applicable statutory filing requirements, this date v Department of State's records.	vill not be listed as the
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.	
	pproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	.**	
- <del></del>	(voting group)	
action was not required.	dopted by the board of directors without shareholder action and shareholder dopted by the incorporators without shareholder action and shareholder	
action was not required.	dopted by the incorporators without shareholder action and shareholder	
10/22/19 Dated		
Signature		
selec	director, president or other officer if directors or officers have not been eted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)	
	VICTOR H. DE YURRE	
	(Typed or printed name of person signing)	
	ATTORNEY AT LAW, LEGAL REPRESENTATIVE	
	(Title of person signing)	