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**B. BOSTICK** 

SEP - 6 2012

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJE	ECT: Creative Solutions LLC  Name of Limited Liability Company
The en	closed Articles of Amendment and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	Sophia Banks Name of Person
	Creative Solutions LLC Firm/Company
	6645 Kendale Way
	LAKe Worth FL 33467 City/State and Zip Code
	Sophia banks @ Creative - Solutions . tv
For fur	ther information concerning this matter, please call:
	Name of Person  at (561) (601-3451 57 77 77 78 78 79 79 79 79 79 79 79 79 79 79 79 79 79
Enclos	ed is a check for the following amount:
<b>□\$</b> 25	5.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$} \frac{1}{2}\$\$ \$60.00 Filing Fee, \$\frac{1}{2}\$\$ \$\text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{\$\frac{1}{2}\$}\$

MAILING ADDRESS:

1 1 1 1 m

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

Creative	Solutions	: 110		
(Name of the Limited Liabili	ty Company as it now appears Limited Liability Company)			
The Articles of Organization for this Limited Liability Florida document number	Company were filed on $\frac{\rho_0}{\rho_0}$	905+8, 2002 and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:	:		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	y," the designation "LLC" or the abbreviatio		
Enter new principal offices address, if applicable:		12 8		
(Principal office address MUST BE A STREET ADD	ORESS)			
		<u> </u>		
E-4		PA S		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)				
[Making universe MAT BE A LOST OFFICE BOA]	<del> </del>	}		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, enter the name of the nev		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	City	, Florida Zip Code		
	Cuy	Σιρ Coae		

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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<b>Title</b>	<u>Name</u>		Address	Type of Action
46 RM	Danny 7	Ommie	6645 Kendale WAY LAKE WORTH, FL 3346	Add Remove
		·····		Add Remove
		<del> </del>		Add Remove
	<del> </del>	·············		Add Remove
				∏Add Remove
				Add Remove
D. If ame	ending any other infor	mation, enter change(	(s) here: (Attach additional sheets, if necessary.)	_
-				12 SE
Dated	Soptembe	<u>4</u> ,201	2	-5 PM 12: 3:
		500	or authorized representative 6Pa member Phia Banks	2
		Typed o	r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00