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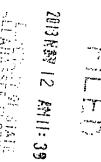
(Re	equestor's Name)	111 10
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CREATIVE MANAGEA PAINTING, 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:
Merry MAGALL CISNEROS Name of Person
CREATIVE MANAGER PAINTING, LLC
36 DAYTONA CT
MIRAMAR BEACH FL 32550 City/State and Zip Code
RAFAEL CISHEROS 3 & G. MAIL Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
RAFAEL CINEROS at (850) 259-9509 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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 MANAGE	a Painting LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on o a Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability	Company were filed on		_ and as	ssigned
Florida document number <u>L 04000 8153 6</u>	2			
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," th	e designation "LLC	" gg the	abbreviation
Enter new principal offices address, if applicable:		NH X X X X X X X X X X X X X X X X X X X	T SE	77
(Principal office address MUST BE A STREET ADD	PRESS)	(n) 71. (1) 11.	2	[
		1, 15 L1 1-24 T1		
		100 mg		
Enter new mailing address, if applicable:			ယ (#)	
(Mailing address MAY BE A POST OFFICE BOX)				
				·
B. If amending the registered agent and/or registered agent and/or the new registered office ade		cords, <u>enter the</u>	name	of the new
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	orida street addres	is .	
4 		, Florida		
	City		Zip Cod	le

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 <u>Title</u> **Name Address** Type of Action 36 DAY tona st Add

MIRAMAR BEACH, FL 32550 PRemove LESLIE NEW Remove 102 174 Remove Remove Remove Remove

11/7/13	100 -	
Sign	sture of a member or authorized representative of a me	ember
KA	Typed or printed name of signee	
	Page 3 of 3	20 20 Z
	Filing Fee: \$25.00	2019 RS 12

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)