Page 1 of 1 Diffision of Corporations Division of Corporations Electronic Filing Cover Sheet

> Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

> > (((H11000185282 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CUMMINGS & LOCKWOOD, LLC

Account Number : 102336001100 Phone

: (239)649-3101

Fax Number

: (239) 430-3344

Enter the email address for this business entity to be used for fature annual report mailings. Enter only one email address please.

D41	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREATIVE SCRIPTS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

C. LEWIS

JUL 2 1 2011

EXAMINER

Electronic Filing Menu Corporate Filing Menu

Help

。(((H11000185282 3))) FLED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 JUL 20 AM 8: 27
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

Creative Scr (Name of the Limited Liability Company (A Florida Limited Lia	ipts, LLC as it now appears bility Company)	on our records.)	
The Articles of Organization for this Limited Liability Company v		08/16/2005	and assigned
Florida document number L05000080394			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ity company here:		
The new name must be distinguishable and end with the words "Limite"L.L.C."	d Liability Company	," the designation "Li	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		r records, enter th	e name of the new
Name of New Registered Agent:			
New_Registered Office Address:			
	Enter Florida street address		
	City	, Florida	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 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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 2

(((H11000185282 3)))

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
MGRM	Gerald R. Meloche	165 Forest Hills Boulevard Naples Florida 34113	Add ✓ Remove
MGR	Gerald R. Meloche	165 Forest Hills Boulevard Naples, Florida 34113	Add Remove
			Add
			Add Remove
			Add Remove
			Add Remove
	-	r change(s) here: (Attach additional sheets, if necessared by one or more managers and is, therefore	•
m	anager-managed company.		
_			ZOIL JUL 20 SECRETARY TALLAHASS
Dated	July 19 ,	2011	AM 8: 27 EE. FLORID
	Signature of a	Robert L. Lancaster	P -
		Typed or printed name of signes	
	•	D-++ 0 +60	

Page 2 of 2

Filing Fee: \$25.00