## LO 6000038323

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## **COVER LETTER**

TO: Registration Division of C			
SUBJECT:	Creative Propert	y Services, LLC ited Liability Company)	
	(Name of Lim	ited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	David	A Bernhardt (Name of Person)	
	Creative	Project Servics, LLC	<del>-</del>
	701 Bo	ysenberry Ct (Address)	
	Winter	Springs FL 3270 (City/State and Zip Code)	08.
For further information	concerning this matter, please ca	all:	
David	A. Bernhardt	at (407) 403-289 (Area Code & Daytime Te	9
(1144)	0 0.7 013011)	(Alea Code & Dayline Te	repriore Numbery
•	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$60.00 Filing Fee, Certificate of Status & 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 Prope	rty Services, LLC	
( <u>Name of the Limited Liability</u> (A Florida l	y Company as it now appears on our reco Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C		
Florida document number <u>L06000038323</u>	<u>_</u> .	
This amendment is submitted to amend the following:		SE SE
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
Creative Project Service	s, LLC	
The new name must be distinguishable and end with the wor "L.L.C."		
Enter new principal offices address, if applicable:		5
(Principal office address MUST BE A STREET ADDR	(ESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regist		enter the name of the new
registered agent and/or the new registered office addi	ress here:	
21 22 2		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida s	treet address)
	, Flo	rida
	(City)	(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 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:

	<u>Name</u>	Address Type of
<del></del>		Add
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		Add
ımen	ding any other information, enter ch	hange(s) here: (Attach additional sheets, if necessary.)
	**************************************	
	sebruary 28, j	<u>2909</u> .
	ebruary 28, j	2009. Beinhardt

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Filing Fee: \$25.00