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(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
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(Document Number)				
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G. MCLEOD

DEC 14 2010

EXAMINER



600188429756

12/13/10--01040--014 **25.00

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: CREATE 180, 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:				
HEUZE VIVIER Name of Person				
CREATE 180, UC				
13506 SUMMERPORT VILLAGE PRY #318				
City/State and Zip Code HOUSE (CREATE 180 COM E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call: Hauze Vivier at (407) 968-1792 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee & \text{S60.00 Filing Fee, Certificate of Status & C				

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

	AMENDMENT
	AMENDMENT O ORGANIZATION 10 OEC /2
	OF Str. 13
	TALLEGE TALL
CREATE	180 LLC MASSES 19
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.)
·	115/200
The Articles of Organization for this Limited Liability Compan	y were filed on
Florida document number <u>LO700004484</u>	,
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	hility company here:
CREATE 180 DESIGN, LLC	
The new name must be distinguishable and end with the words "Lin" L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter and district of the state	12110 Water (100 1/20 1/20
Enter new principal offices address, if applicable:	1240 Winterbarden Vineland Ro Winter Garden, Fr. 34787
(Principal office address MUST BE A STREET ADDRESS)	Winser Garden, PL 34787
	
T	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	
B. If amending the registered agent and/or registered a	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address he	
Name of New Registered Agent:	
New Registered Office Address:	
135TH REGISTERS Office Addition.	Enter Florida street address
•	, Florida
	City 7in 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

· MGR = Manager

MGRN	A = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	-		Add Remove
			Add Remove
			Add Remove
· · · · · · · · · · · · · · · · · · · 			
 			Add Remove
	_		Add Remove
D. If aı	mending any other information	, enter change(s) here: (Attach additional sheets,	if necessary.)
	<u></u>		
	n C	70/9	
Dated _	DECEMBER 8		
	Signan HEUZE	Typed or printed name of signce	per

Page 2 of 2

Filing Fee: \$25.00