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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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## **COVER LETTER**

TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corpor	rations			
SUBJECT: We	Creption to	we hise, LLC ited Liability Company		
The enclosed Articles of An	nendment and fec(s) are sub-	mitted for filing.		
Please return all corresponde	ence concerning this matter	to the following:		
		Name of Person  Children Franchist Firm/Company		
	200 2 m Ave	South # 455		=
	Serge CSCC	CityState and Zip Code  Leade Common	eation)	
For further information cond				
		at (ESE) 294 - CF Area Code Daytime	Telephone Number	
Enclosed is a check for the f	following amount:			
S \$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)	
Registration	G ADDRESS: on Section of Corporations	STREET/COURIE Registration Section Division of Corpora	ı	

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Creaville F	- cranchise LLC			
(Name of the Limited Liabil (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)	<u> </u>	
The Articles of Organization for this Limited Liability (	Company were filed on	<b>\</b>	and as	signed
Florida document number <u>レグピクCのごZG</u>	<u> </u>			
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 trust be distinguishable and contain the words "Lin				
The new name must be distinguishable and contain the words "Lit	mited Liability Company," the design	ation "LLC" or the abl	breviation "L	LC."
Enter new principal offices address, if applicable:				<u></u>
(Principal office address MUST BE A STREET ADD	<u> </u>		- 3	
	<del></del>			<u> </u>
			1 1	. •
Enter new mailing address, if applicable:	<del></del>	<del></del>	لبا 	<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	
		<del></del>	<u>چين</u>	
		3.2	7.	
B. If amending the registered agent and/or registered agent and/or the new registered office ad-		r records, <u>enter</u>	the name	of the nev
Name of New Registered Agent:		-		
New Registered Office Address:	Enter Florida s.	treet address		
		. Florida		
	City	, Fibrida	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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
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fective date, if other than the date of filing: _	<u> </u>	(opt	ional)	'05 030
an effective date is listed, the date must be specific and can ote: If the date inserted in this block does not meet	of he prior to date of filing of he applicable statutory f	r more than 90 days and ling requirements, th	r ming.) rursuant to e is date will not be li	isted a
ocument's effective date on the Department of State	s records.			
		e time, at 12:01	a.m. on the ear	lier o
	but not an effectiv			
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The 90th day after the record is filed.	, but not an effectiv			
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e record specifies a delayed effective date.  The 90th day after the record is filed.	but not an effectiv			

Page 3 of 3

Filing Fee: \$25.00