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COVER LETTER

| | tion Section of Corporations | |
|----------------------|--|------------------------------------|
| SUBJECT: | CREO CONSTRUCTION ALC Name of Limited Liability Company | |
| The enclosed Artic | cles of Amendment and fee(s) are submitted for filing. | |
| Please return all co | orrespondence concerning this matter to the following: | |
| | Petac. Sulak Name of Person | |
| | CREO COUSTRUCTION Firm/Company | |
| | 122 marganet st. Address | |
| | Ley West, El 330 City/State and Zip Code | 740 |
| | E-mail address: (to be used for future annual re | port notification) |
| For further informa | nation concerning this matter, please call: | |
| <u> Pejen</u> | Name of Person Area Code | 923-489 © Daytime Telephone Number |
| Enclosed is a checl | ck for the following amount: | |
| 🗴 \$25.00 Filing F | Fee \$\Bigcup \\$30.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)} | Certificate of Status & |

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

| CREO COUSTRUCTION SLC | |
|--|---------------------------|
| (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Company were filed on 05/04/0 | 8 and assigned |
| Florida document number <u>L080000 46856</u> . | |
| This amendment is submitted to amend the following: | |
| A. If amending name, enter the new name of the limited liability company here: | |
| The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or | |
| | the appreviation "L.L.C." |
| Enter new principal offices address, if applicable: | <u> </u> |
| (Principal office address MUST BE A STREET ADDRESS) | 16 NOV |
| | 9 0 11 |
| | 0F 008 P |
| Enter new mailing address, if applicable: | \$ -2 [T] |
| (Mailing address MAY BE A POST OFFICE BOX) | 9 17 D |
| | 5 9 |
| | ; ^ |
| B. If amending the registered agent and/or registered office address on our records, exemples registered agent and/or the new registered office address here: | enter the name of the nev |
| registered agent and/or the new registered office address nere: | |
| N. C.Y. B. C. L. | |
| Name of New Registered Agent: | |
| New Registered Office Address: | |
| Enter Florida street address | |
| , Floric | la |
| 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 provisions of all statutes relative to the proper and complete performance of my duties, and I accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. | am familiar with and |

If Changing Registered Agent, Signature of New Registered Agent

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 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> | <u>Name</u> | Address | Type of Action |
|--------------|----------------|-------------------|--|
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| | 1.00 | |
| Effective date, if other than the date of filing: | (optional) | |
| f an effective date is listed, the date must be specific and cannot be prior to date of filing or n Note: If the date inserted in this block does not meet the applicable statutory filindocument's effective date on the Department of State's records. | nore than 90 days after filing.) Pursuant to 605.02 | 207 (as t |
| ne record specifies a delayed effective date, but not an effective to The 90th day after the record is filed. | time, at 12:01 a.m. on the earlier | of |
| Dated | | |
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00