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COVER LETTER

TO:	Registration Sec Division of Corp			
ennen		FAMILY, LLC		
SUBJI	ECI:	Name of Limi	ted Liability Company	
The en	closed Articles of A	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspor	ndence concerning this matter t	to the following:	
		CLAYTON B. STUDSTIL	L. ESQ	
		THE STUDSTILL LAW F	Name of Person IRM, PLLC	
			Firm/Company	
		326 REID AVENUE		
		PORT ST JOE, FL 32456	Address	
		CLAYTON@THESTUDST	City/State and Zip Code TLLLAWFIRM.COM	
		E-mail address: (t	o be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please ca	Al:	
CI.AY	TON B. STUDSTI		at ()	
	Name of	Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	e following amount:		
₽ \$2.	5.00 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



CREAMER FAMILY, LLC

(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 Comp Florida document number 108000058045	pany were filed on JUNE 12, 2008	and assigned
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 I	Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · ·
(Principal office address MUST BE A STREET ADDRESS	<u>s</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent:		enter the name of the new
New Registered Office Address:	Enter Florida street address	
	Flor	ida
	, Flor	Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>eent:</u>	
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent being filed to merely reflect a change in the registered of company has been notified in writing of this change.	plete performance of my duties, and as provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is

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>	<u>Name</u>	Address	Type of Action
MGR	ALLISON ROSS	PO BOX 30141 SEA ISLAND, GA 31561	= Add
			□ Remove
			□ Change
			□ Add
			SE REMOVE
			24 R. P. C.
			CGA Add L
			□ Remove
			☐ Change
			Remove
		-	Change
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fective date, if other than n effective date is listed, the dat tte: If the date inserted in the cument's effective date on t	e must be specific its block does no	and cannot be pricot meet the appli	r to date of filing or cable statutory fil	more than 90 days aft	tional) ter filing.) Pursuant to 605.020 his date will not be listed as
record specifies a dela The 90th day after the			ot an effective	time, at 12:01	a.m. on the earlier o
SEPTEMBER 18		2018			
du	1 100	7/	 ·		

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Typed or printed name of signee

Filing Fee: \$25.00