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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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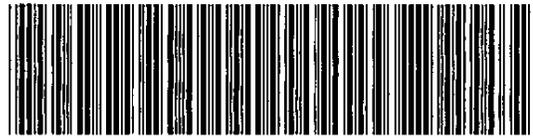
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 10 2009

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW CREATION MANAGEMENT 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:

**RANDOLPH ENRIQUEZ**  
Name of Person  
**NEW CREATION MANAGEMENT LLC**  
Firm/Company  
**2984 ALATKA CT**  
Address  
**LONGWOOD, FL 32779**  
City/State and Zip Code  
**RANDOLPH@JOYENRIQUEZ.COM**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**RANDOLPH ENRIQUEZ** at ( **562** ) **755-7886**  
Name of Person Area Code & Daytime Telephone Number

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**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

Enclosed is a check for 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**

**NEW CREATION MANAGEMENT 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 Company were filed on 11/24/2008 and assigned  
Florida document number L08000109215.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**NO LLC NAME CHANGE**

The new name must be distinguishable and end with the words "Limited 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

2984 ALATKA CT  
LONGWOOD, FL 32779

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**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

RANDOLPH ENRIQUEZ

New Registered Office Address:

2984 ALATKA CT

*Enter Florida street address*

LONGWOOD

*City*

Florida

32779

*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.*

*Randolph Enriquez*  
If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager  
MGRM = Managing Member

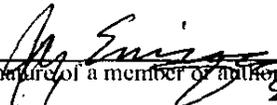
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	TIFFANY ENRIQUEZ	2984 ALATKA CT LONGWOOD, FL 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	TIFFANY ENRIQUEZ	2984 ALATKA CT LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RANDOLPH ENRIQUEZ	2984 ALAKA CT LONGWOOD, FL 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RANDOLPH ENRIQUEZ	2984 ALAKA CT LONGWOOD, FL 32779	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JOY ENRIQUEZ	2984 ALATKA CT LONGWOOD, FL 32779	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 JOY ENRIQUEZ  
 \_\_\_\_\_  
 Typed or printed name of signee