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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

Name of Person

at (562)

755-7886

Area Code & Daytime Telephone Number

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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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TALLAHASSEE, FLORIDA

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

Florida

32779

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 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.

[Signature]
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.)

Dated _____

Signature of a member or authorized representative of a member

JOY ENRIQUEZ

Typed or printed name of signee

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