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| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Ad | ldress) | |
| (Cit | ty/State/Zip/Phone | - - |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | ısiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | _ |
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Office Use Only



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Amend

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COVER LETTER

| TO: Registration Division of | n Section Corpòrations | | |
|------------------------------|--|---|---|
| SUBJECT: | CSK Cread Name of Limit | ed Liability Company | |
| The enclosed Article | s of Amendment and fee(s) are subn | nitted for filing. | |
| Please return all core | espondence concerning this matter to | o the following: | |
| | Ked | Name of Person | |
| | | Creative Me Firm/Company | |
| | 2000 Ga | len Ave. | · · · · · · · · · · · · · · · · · · · |
| | | City/State and Zip Code | |
| | E-mail address: M | OCSKCYECTIVE. | (DM |
| For further informati | on concerning this matter, please cal | II: | |
| Keeli Craig | MO OF PETSON KOH LINCK | at (HD) 451 Area Code Daytin | ne Telephone Number |
| Enclosed is a check f | or the following amount: | | 1 |
| □ \$25.00 Filing Fe | e \$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

TO ARTICLES OF ORGANIZATION OF CSK Creative LLC

| (Nume of the Limited I | Liability Company as it now appears on our records. Torida Limited Liability Company) |
|--|---|
| The Articles of Organization for this Limited Liabi Florida document number | 108. |
| A. If amending name, enter the new name of the | |
| Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A Same us filed | 15-12-10 11 -1 2006 |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO | same as above |
| B. If amending the registered agent and/or registered agent and/or the new registered office | registered office address on our records, enter the name of the new address here: |
| Name of New Registered Agent: New Registered Office Address: | Keely Kotilinek 2000 Gaten Ave. Finter Florida street address Wither Park Florida 32789 City Zip Code |
| Many Destant and Avenue Co. A. Co. I. Co. I. | |

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

or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------------|----------------|---|----------------|
| M6R | Keely Konlinek | 2000 Galen Ave. | D\Add |
| | J | 2000 Galen Ave. Winter Park, FZ 3278 | 7_□ Remove |
| | | | Change |
| AMBR Craig Korilin | Craig Korlinek | 2000 Galen Avc. Winter Park, F2 3278 | D Add |
| | | WinterPark, FL 3278 | □ Remove |
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| (If an effect Note: If | e date, if other than the date of filing: |
| the reco) The 9 | rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed. |
| Dated _ | Jue 28th, 2019. |
| | Crain Kathingt Keely Kathingk Signature of a member or authorized representative of a member |
| | Leeles & meight |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00