L1100000 7050

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER

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COVER LETTER

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TO:	Registration Section Division of Corporations		
SUBJI		CREATIVEWORKS NOW, LLC	
	•	Name of Limited Liability Company	Fo
Dear S	ir or Madam:		ECRET
The en	closed Registered Agent/Re	egistered Office Change and fee(s) are submitted for filing.	ARY O
Please	return all correspondence co	oncerning this matter to the following:	ETARY OF STATE HASSEE, FLORIDA
	SiaMack Al	avi	
	Name of Person		
***************************************	CREATIVEWORKS Firm/Company	NOW, LLC	
VATE OF THE PARTY	7208 Sandlake Rd. Address	, Suite 208	
***************************************	Orlando, FL 3 City/State and Zip C		
	sia@infinitelab	s com	
E-r	mail address: (to be used for future an	inual report notification)	
For fur	ther information concerning	this matter, please call:	
	SiaMack Alavi	at (407) 290-8860	
	Name of Person	Area Code & Daytime Telephone Number	pp.m.
	STREET/COURIER ADDR Registration Section	MAILING ADDRESS: Registration Section	
	Division of Corporations	Division of Corporations	
	Clifton Building	P.O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
	Enclosed is a check for the	e following amount:	
J	\$25 Filing Fee	\$55 Filing Fee & Certified Copy	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CRE	ATIVEWOR	<u>RKS NOW, I</u>	LLC		-
(Name of the Limited	Florida Limited L	iability Company)		
The Articles of Organization for this Limited L Florida document numberL1100000		were filed on	January 18, 20	<u>11</u> and	assigned
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company h	ere:		
	N/A	i			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Com	pany," the designatio	n "LLC" or th ⋝່⇔	ne abbreviatio
Enter new principal offices address, if applic	able:	Same		- AH	= - 3 - 7
(Principal office address MUST BE A STREE	ET ADDRESS)			ASS R	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)			Y OF STATE SEE, FLOHIOA	8 AH 8: 04
B. If amending the registered agent and/registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	our records, <u>ente</u>	er the name	e of the nev
New Registered Office Address:	Same				
		1	Enter Florida street (address	
			, Florida		
		City	, a = 3 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 -	Zip Co	ode
New Designand Agent's Signature if shonging	Dogistared Agents				

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Title <u>Name</u> <u>Address</u> **MGRM** Gene Ross 8939 Latrec Ave., #112 ☐ Add Remove Orlando, FL SiaMack Alavi MGRM 7208 Sand Lake Rd. Suite 208 √ Add Orlando, FL 32819 ☐ Remove ☐ Add Remove Add Remove □Add Remove

N/A					SF. ≥
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	November-2	2010	······································		40

__Add __Remove

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member SiaMack Alavi

Filing Fee: \$25.00