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COVER LETTER

TO: Registration Se Division of Cor			-					
	LAYNE FLORAL DESIGN L	LC.						
SUBJECT:	Name of Lim	ited Liability Com	ipany					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Please return all correspo	ndence concerning this matter	to the following	:					
	ANDREA S LAYNE							
	· · · · · · · · · · · · · · · · · · ·	Name of P	erson				2119	
	THE CREATIVE SPRING	3				LA.	2818 HAR 15	1
		FirmyCom	pany			7	5	ا ا
	2608 SYLVAN RAMBLE	COURT	,				70	
		Addres	s				ق چ	
	WESLEY CHAPEL, FL 3	3544				影光	D 5.3	
		City/State and 2	Zip Code	· ·		•		
	INFO@THECREATIVESE	PRING.CO to be used for futu	ra annual ra	nort notification	\			
For further information c	oncerning this matter, please e		re amuai re	port nontication				
	oncerning this matter, prease co	ļ	.110	04.15				
ANDREA LAYNE		813 at ()	9645				
Name o	ř Person	Area (Jode	Daytime Telep	hone Number			
	A.II.							
Enclosed is a check for the	_		. 5 0	ı	T 000 00 EU			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil	ing Fee & Copy copy is enclos		□ \$60.00 Fil Certifica Certified (additional	te of Stati Copy		
Registr Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	1	Registratio Division of Clifton Bui 2661 Exect	f Corporations				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

ANDREA LAYNE FLORAL DESIGN LLC.		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L11000017536</u>	1	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
THE CREATIVE SPRING LLC	Ť.	
The new name must be distinguishable and contain the words "Limited Li	ability Company," the designation "LLC" or the abl	breviation "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)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		
registered agent and/or the new registered office address n	ere: CRIO)	g Φ 3 3
Name of New Registered Agent:	····	
New Registered Office Address:	Enter Florida street address	
	City: Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt:	
I hereby accept the appointment as registered agent and a	<u> </u>	ee 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
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ffective date, if other than the date an effective date is listed, the date must be spote: If the date inserted in this block document's effective date on the Department.	ecific and cannot be prior to date of filing bes not meet the applicable statutory	or more than 90 days after filing.) Pursuant to 6 filling requirements, this date will not be 1	505,020 isted as
e record specifies a delayed effe The 90th day after the record is		ve time, at 12:01 a.m. on the ear	rlier o
ated	2019		
	ndrea 5 Layns ure of a member or authorized present		
Signat	ure of a member or authorized represent	ative of a member	

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