L11000036677

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SECRETARY OF STATE



COVER LETTER

Registration Section **Division of Corporations** EJL Creative LLC BJECT: _____ Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ise return all correspondence concerning this matter to the following: Robert A Anthony Name of Person Firm Company 1840 Schoolcraft St Address Holt, MI 48842 City/State and Zip Code rob@livingwithrob.com E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: sert A Anthony Daytime Telephone Number Name of Person closed is a check for the following amount: ≈ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EJL Creative LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) \pm Articles of Organization for this Limited Liability Company were filed on $\frac{03/28/2011}{1}$ and assigned -rida document number $\frac{L11000036677}{}$ is amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here: o, new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." ofer new principal offices address, if applicable: incipal office address MUST BE A STREET ADDRESS) 1840 Schoolcraft St ofer new mailing address, if applicable: Holt, MI 48842 (ailing address MAY BE A POST OFFICE BOX) If amending the registered agent and/or registered office address on our records, enter the native of the new registered ont and/or the new registered office address here: Robert A Anthony Name of New Registered Agent: 2160 Bur Oak Blvd New Registered Office Address: Enter Florida street address St Cloud

v Registered Agent's Signature, if changing Registered Agent:

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability upany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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

R = Manager BR = Authorized Member

·1 <u>le</u>	<u>Name</u>	<u>Address</u>	Type of Action
1BR	Joelle L Anthony	1840 Schoolcraft St	≝ Add
		Holt M1 48842	
			☐ Change
			□Add
			LIRemove
			:Change
			LIRemove
		****	Change
			□Remove
	·		
			LiRemove
			☐ Change
			□Add
			□Remove
			□Change

<u>:</u> If d	date, if other than the date of filing:	.0207 ed as
ord sp filed.	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b)—The 90th day after	r the
וטנ	Y 26 , 2023	
	MA WY	
	Signature of a member or authorized representative of a member	