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K. SALY EXAMINER SEP 29 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tas This Coupon 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:
Donald Lieonard Name of Person
Tag this Conpor LLC Firm/Company
11017 Tredegar Drive Address
City/State and Zip Code INTO Q Taghis Coupon, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Double Leonard at (239) 435 - 1010 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status \$30.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

	FILED	
2014	SEP 23 PM ID	
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Tag This Compon LL	C PALLASTARY DE CO
(Name of the Limited/Liability Compar (A Florida Limited L	ny as it now appears on our records.) PALLAHASSEE, FLORIDA AND STATE AND S
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_{100099631} \).	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
This Creative LLC	
This Creative LLC The new name must be distinguishable and end with the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	11220 METRO PKWY
(Principal office address MUST BE A STREET ADDRESS)	Unit #8
	Unit #8 Fort Myers FL 33966
Enter new mailing address, if applicable:	11220 Metro PKWY
(Mailing address MAY BE A POST OFFICE BOX)	UN: + # 8
	11220 Metro PKWY UNIT # 8 Fort Myers FL 33966
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	STANDER A FOR SORES OFF MORE STREET CALLS
	, Florida
	Lip Cour

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

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records: FILED MGR = Manager 2014 SEP 23 PK 12: 34 Type of Action AMBR = Authorized Member SLURE TARY OF STATE
FALLAHASSEE, FLORIET Add **Title** Name Address ☐ Remove □ Add ☐ Remove ☐ Remove _□ Add ☐ Remove ___ 🗖 Add ☐ Remove _D Add __□ Remove

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	rior to date of receipt or filed date and cannot be more than 90 days after
(The effective date must be specific, cannot be protection that this document is filed by the Florida D	rior to date of receipt or filed date and cannot be more than 90 days after
the date this document is filed by the Florida D Dated 09-16-2014	rior to date of receipt or filed date and cannot be more than 90 days after

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Filing Fee: \$25.00