

L11000092582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

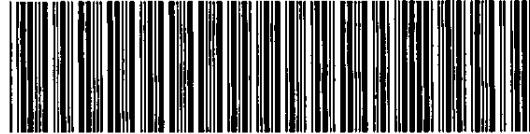
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200266919702

12/02/14--01026--012 **25.00

FILED
14 DEC -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers DEC 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creative Caye, 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:

Rachél L. Sutton

Name of Person

CreativeCaye, LLC

Firm/Company

1419 29th St. Suite 3

Address

Niceville, FL 32578

City/State and Zip Code

rachelsutton777@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rachél L. Sutton

Name of Person

at 850

Area Code

687-3737

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$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

FILED
14 DEC 32 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Creative Caye, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/11/2011 and assigned Florida document number L11000092582

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Vintage Art & Sign LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1419 29th St. Suite 3
Niceville, FL 32578

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1419 29th St. Suite 3
Niceville, FL 32578

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

1419 29th St. Suite 3

Enter Florida street address

Niceville

City

Florida

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
14 DEC - 2 PM '11
32578

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:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
44 DEC - 2 PM 1:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 25, 2014.

Rachel L. Sutton

Signature of a member or authorized representative of a member

Rachel L. Sutton

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 DEC -2 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA