## L12000046017

(Re	questor's Name)	<del></del>
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PICK-UP	☐ WAIT	MAIL
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2021-227-1-777-1-5-1

## **COVER LETTER**

**Division of Corporations** Creative Finishes LLC SUBJECT: \_ 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: Michael Cummings Name of Person Creative Finishes LLC Firm/Company 97 Bald Eagle Drive Address Santa Rosa Beach, FL 32459 City/State and Zip Code creativefinishes1@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 657-2050 Michael Cummings Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, □ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed)

**Mailing Address:** 

Registration Section

TO:

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

Creative Finishes, LLC					
(Name of the Limi	ted Liability Compa: (A Florida Limited L	ny as it now appears on our recortiability Company)	<u>'ds.</u> )		
The Articles of Organization for this Limited L Florida document number L12000046017  This amendment is submitted to amend the fol  A. If amending name, enter the new name of	Liability Company lowing:	were filed on April 3, 2012	and assigned		
The new name must be distinguishable and contain the	words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		97 Bald Eagle Drive			
(Principal office address MUST BE A STRE		Santa Rosa Beach, FL 32459			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		97 Bald Eagle Drive Santa Rosa Beach, FL 32459			
B. If amending the registered agent and/or agent and/or the new registered office address.	registered office a ess here:	address on our records, <u>ente</u>	r the name of the new register		
Name of New Registered Agent:	Michael Cumm	ings			
New Registered Office Address:	97 Bald Eagle Drive		<u> </u>		
		Enter Florida street addre	ت		
	Santa Rosa Bea	ch, F	Florida 32459		
		City	Zip Code		

## 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.

f 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 adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Cummings	97 Bald Eagle Dr	
		Santa Rosa Beach, FL 32459	□Remove
MGR	Kristie Laubscher	97 Bald Eagle Dr	■Add
		Santa Rosa Beach, FL 32459	□Remove
		<del></del>	Change
MGR	Holly A Jackson	93 Dune Lakes Circle	□Add
		Santa Rosa Beach, FL 32459	Remove
			Change
AMBR	Gregory M Szczesny	83 Bayside Park	
		Miramar Beach, FL 32550	Remove
			□Change
MGR	Christine Szczesny	83 Bayside Park	\ \_Add
		Miramar Beach, Fl. 32550	Remove
			□Change
			□Remove
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