L12000087471

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COVER LETTER

TO: Registration Section
Division of Corporations

Surrect: Butt'n Love 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:

Emilka Danielczyk

Name of Person

Butt'n Love LLC

Firm/Company

18800 NE 29th Ave, suite 814

Address

Aventura FL, 33180

City/State and Zip Code

emily@emilkacreative.com

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

For further information concerning this matter, please call:

Emilka Danielczyk

Name of Person

,305,**753-6761**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

630:00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our recomited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co Florida document number <u>L12000087471</u>	ompany were filed on July 5, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Emilka Creative LLC		
The new name must be distinguishable and end with the word "L.L.C."	s "Limited Liability Company," the design	mation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	5 23
		= = = = = = = = = = = = = = = = = = = =
		7 - 1 20 massage
Enter new mailing address, if applicable:		0 1 0 F
(Mailing address MAY BE A POST OFFICE BOX)		75 7
		5
		<u>\$</u> m <u>∞</u>
B. If amending the registered agent and/or registe		, enter the name of the no
registered agent and/or the new registered office addre	ess nere:	
Name of No. 10 Aug. 14		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member <u>Title</u> **Name** Address **Type of Action** Remove Remove Add Remove Add Remove

, ,	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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	Signature of a member or authorized representative of a member
	Emilka Danielczyk Smilka Danielczyk
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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