L12000 104342

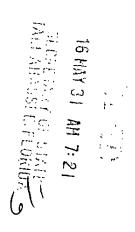
(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL.
(Bu	usiness Entity Na	me)
(De	ocument Number)
Certified Copies	Certificate	es of Status
Special Instructions to	Filing Officer:	





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JUN 02 2016



May 23, 2016

ARNO SILVA 5409 OVERSEAS HWY MARATHON, FL 33050

SUBJECT: CREATIVE CONNECTIONS, LLC

Ref. Number: L12000104342

We have received your document for CREATIVE CONNECTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 016A00010845

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

www.sunbiz.org

COVER LETTER

Division of Corpo	rations		
SUBJECT: KEYSCOUPO	ONS.BIZ LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles of An	nendment and fee(s) are subm	nitted for filing.	
Please return all correspond	ence concerning this matter to	o the following:	
r rouse rouss and correspond		• ···• ··· ··· ·· · · · · · · · · · · ·	
	Amo Silva		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	KEYSCOUPONS.BIZ LLC		
		Firm/Company	
	5409 Overseas Hwy		
		Address	
	Marathon, FL 33050		
		City/State and Zip Code	
	sharonsilva01@yahoo.com		
	E-mail address: (to	be used for future annual report notifica	ation)
For further information con-	cerning this matter, please cal	ll:	
Sharon Silva		305 7432005	
Name of P	erson	at () Daytime T	elephone Number
Traine of 1	CISON	Table Code Buyume I	
Enclosed is a check for the	following amount:		
	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fec,
225.00 Timg rec	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

KEYSCOUPONS.BIZ LLC			
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited)	ny as it now appears on our recor liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited L Florida document number L12000104342	iability Company	were filed on	and assigned
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liab	ility company here:	
Creative Communications, LLC Creative	ie Commu	inications of th	ne Florida Keys, Ll
The new name must be distinguishable and contain the v	vords "Limited Liahil	ity Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	5409 Overseas Hwy	
(Principal office address MUST BE A STREE	T ADDRESS)	Marathon, FL 33050	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u>BOX)</u>		
B. If amending the registered agent and registered agent and/or the new registered of Name of New Registered Agent:			ls, enter the name of the new
New Registered Office Address:	5409 Overseas	Hwy	20 E
	Marathon.	, , ,	lorida 33050 2
		City	⊋ - Zip Code
New Registered Agent's Signature, if changing I	Registered Agent:		the part of the same

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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			☐ Remove
			Add
			Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
		******	☐ Change
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00