12000152682

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(Address)
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, ,
(City/State/Zip/Phone #)
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COVER LETTER

TO: Registration Section Division of Corporations	*,*			
SUBJECT: Nonstop Creative Consucting, CC 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:				
JOHN PINTO Name of Person				
NONSTOP CREATIVE CONSULTING LLC Firm/Company				
8503 WALLABY WAY				
TAMP, FL 33635 City/State and Zip Code				
City/State and Zip Code Non Stopule ATVECONSULTING @ 6 MAIL. (om E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person at (#720 - 539 - 3357 Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)			

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

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.)
The Articles of Organization for this Limited Liability Company w Florida document number 12000152682	ere filed on DEC 6, 2012 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	ty company here:
NONSTOP CREATUR SOLUTION The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new

FILED

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SECRETARY OF STATE
ALLARM SECRET FLORIDA

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

<u>Name</u>	Address	Type of Action
		Add
		Remov
		
		Add
	· 	Remov
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		Remov
		Add
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amending any	other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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10000	,
	10 Dit
	John 140
	Signature of a member or authorized representative of a member
	JOHN PINTO
	Typed or printed name of signee

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Filing Fee: \$25.00