#L13000076472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2014 MAY 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
MAY 23 2014

CORPORATION SERVICE COMPANY®

ACCOUNT NO. : I20000000195

REFERENCE : 663035 7936249

AUTHORIZATION :

COST LIMIT : $ 25.00

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ORDER DATE : May 24, 2013

ORDER TIME : 3:59 PM

ORDER NO. : 663035-010

CUSTOMER NO: 7936249

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DOMESTIC AMENDMENT FILING

NAME: CREATIVE LIVING CONSULTANTS, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT
_____ RESTATED ARTICLES OF INCORPORATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 62956

EXAMINER'S INITIALS: _____

# ARTICLES OF AMENDMENT
# TO
# ARTICLES OF ORGANIZATION
# OF

FILED
2014 MAY 22 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CREATIVE LIVING CONSULTANTS, 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 05/28/2013 and assigned Florida document number L13000076472.

This amendment is submitted to amend the following:

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

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)***

5201 Village Blvd.
West Palm Beach, FL 33407

**Enter new mailing address, if applicable:**
***(Mailing address MAY BE A POST OFFICE BOX)***

P.O. BOX 10755
Riviera Beach, FL 33419

**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: _____
*Enter Florida street address*

_____, **Florida** _____
*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.*

_____
**If Changing Registered Agent, Signature of New Registered Agent**

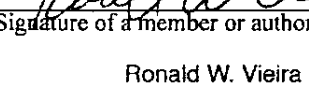
Authorized Member being added or removed from our records.

MGR = Manager
AMBR = Authorized Member

| Title | Name | Address | Type of Action |
|---|---|---|---|
| AMBR | Ron Vierra | 4831 N W 16th Terrace | ☐ Add |
| | | Boca Raton, FL 33431 | ☑ Remove |
| MGR | Ronald Vieira | 5201 Village Blvd. | ☑ Add |
| | | West Palm Beach, FL 33407 | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |
| | | | ☐ Add |
| | | | ☐ Remove |

**E. Effective date, if other than the date of filing: _____ (optional)**
(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)

Dated May 1, 2014



Signature of a member or authorized representative of a member

Ronald W. Vieira
Typed or printed name of signee



**Filing Fee: $25.00**