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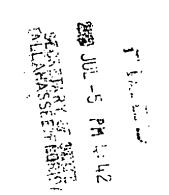
(Requestor's Name)
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(Business Entity Name)
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COVER LETTER

TO:	Registration Sec Division of Corp			
		reative, LLC		
SUBJE	CCT:	Name of Limit	ed Liability Company	
The en	closed Articles of	Amendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	ndence concerning this matter t	o the following:	
		David Marks		5
			Name of Person	
		& Goliath Creative, LLC		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) ER ADDRESS: n ations
			Firm/Company	
		1406 Crestwood Crt. N.		
			Address	
		Safety Harbor, FL 34695		
		davidamarkspa@gmail.com	City/State and Zip Code	
			o be used for future annual report notif	lication)
For fu	rther information c	oncerning this matter, please ca	dl:	
David	Marks		813 389-4855	
	Name o	f Person	Area Code Daytime	e Telephone Number
Enclos	sed is a check for th	he following amount:		
	25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

& Goliath Creative, 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 Lia	ability Company w	ere filed on July 24, 201	and assigned	
Florida document number L13000104910				
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liabili	ty company here:		
The new name must be distinguishable and contain the w	ords "Limited Liabilit	y Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE				
	•			
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	or registered off ffice address here	ice address on our r :	ecords, enter the name of the n	
Name of New Registered Agent:	Valkenburg Law	Group, PA		
-	214 S. Armenia	Ave.		
New Registered Office Address:	Enter Florida street address			
	Tampa		, Florida 33609	
		City	Zip Code	
	Designand August			

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

The state of the s

Page 1 of 3

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Heidi Marks	1406 Crestwood Crt. N. Safety Harbor, FL 34695	
			☐ Remove
			Change
<u></u>			Add
			Remove
			Change
			Add
			☐ Remove
			Change
			□ Remove
			Change
			□ Add
			☐ Remove
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			☐ Remove
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If an effective Note: If t	date, if other we date is listed, the date inserted 's effective dat	the date must be d in this block	specific and o	cannot be prior ect the applic	able statutory f	or more than 90 o	_ (optional) lays after filing.) F ents, this date w	tursuant to 605.0207
ne recor The 90	d specifies a Oth day afte	delayed e	ffective da 1 is filed.	ate, but no	t an effectiv	e time, at 1	.2:01 a.m. oi	n the earlier of
Dated	July	3	<u>フ</u>	2019				
			m		ofized representa	tive of a member	•r	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00