## 1400005301

(Re	equestor's Name)	
(Ad	dress)	
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## **COVER LETTER**

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TO: Registration Section Division of Corporations
SUBJECT: CREATIVE FUMENT GROUP UC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
GREGG BIRKHMEN Name of Person
CHATIVE EVENTER GROUP Firm/Company
204 PARKSIDE DD. SE Address
WINTER HAVEN, & 33884  City/State and Zip Code
E-mili address: (to be used for future annual report notification)
For further information concerning this matter, please call:
GREGG BIRKTH MEN at (310) 926 - 4940 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \\$30.00 Filing Fee \& \Certificate of Status \$\Bigcup \\$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \$\Bigcup \\$60.00 Filing Fee, 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

CREATIVE BLAMENT	Gloup UC
(Name of the Limited Liability Company as it is (A Florida Limited Liability)	now appears on our records.) Company)
The Articles of Organization for this Limited Liability Company were fi	filed on JAN 10, 2014 and assigned
Florida document number <u>L 1400005301</u> .	
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability co</u>	ompany here:
The new name must be distinguishable and contain the words "Limited Liability Comp	npany," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	·······
(Principal office address MUST BE A STREET ADDRESS)	N/A
	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
·	
B. If amending the registered agent and/or registered office ad	address on our records enter the neme of the ne
registered agent and/or the new registered office address here:	enter the hame of the ke
Name of New Registered Agent:	NA
New Registered Office Address:	
	Enter Florida street address
	, Florida
City	ity Zip Code

## New Registered Agent's Signature, it 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

,			
If amending	Authorized Person(s) authorized to ma from our records:	nnage, enter the title, name, and address of each	person being adde
MGR = Ma AMBR = Au	anager uthorized Member		
<u> Citle</u>	Name	Address	<b>Type of Action</b>
AMBR	JURDAN POTERSON	204 PARUSIDE DR.	
		204 PARUSION DR. WINTER HAVEN, FL 33P	Remove
			Change
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Filing Fee: \$25.00