

L14000050820

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800284067938

04/04/16--01042--008 \*\*25.00

RECEIVED  
FALL HASSETT 110110

2016 APR -4 PM 1:23

FILED

K. SALY  
EXAMINER

APR -7

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Kreative 360 "L.L.C."  
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:

Maricela Rodriguez  
Name of Person

Kreative 360 LLC  
Firm/Company

4875 NW 178 TE  
Address

Miami Gardens, FL, 33055  
City/State and Zip Code

dramaryrodriguez@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maricela Rodriguez at ( 786 ) 267-7222  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

TO  
ARTICLES OF ORGANIZATION  
OF

Kreative 360 L.L.C

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2016 APR -4 PM 1:23  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/21/2014 and assigned  
Florida document number L14000050820

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 contain 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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**

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Sofia Graciela Morales	4875 NW 178 TE	<input checked="" type="checkbox"/> Add
		Miami Garden, FL, 33055	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Joan Rafael Palacio Perez	5940 SW 6 <sup>th</sup> ST	<input checked="" type="checkbox"/> Add
		Miami, FL, 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Oliman Jinenez Garcia	5940 SW 6 <sup>th</sup> ST	<input checked="" type="checkbox"/> Add
		Miami, FL, 33144	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED  
JAN 11 2016  
ALABAMA  
SHERIFF'S OFFICE

Blank lined area for document content.

FILED  
2016 APR -4 PM 1:23  
NOTARY PUBLIC STATE OF CALIFORNIA

**E. Effective date, if other than the date of filing:** 04/01/16 (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated 03/31/16, 

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Maricela Rodriguez  
\_\_\_\_\_  
Typed or printed name of signee