# 114000094109

(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:
Signature 6 306

Office Use Only



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## **COVER LETTER**

Division of Cor	porations	•			
	ATIVE LEO LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
		to 10 gH			
	Amendment and fee(s) are sub				
Please return all correspo	ondence concerning this matter	to the following:			
	DENICIA A JOSEPH				
		Name of Person	<del></del>		
	DENICIA A. JOSEPH, LL	С			
	<u></u>	Firm/Company			
	11635 IRIS SPRING COU	RT			
		Address			
	RIVERVIEW FL 33579			_	
	ALLEVARNOCHAL CO	City/State and Zip Code	·	: :	4
	ALLEYNDN@GMAIL.CO	to be used for future annual report notification		· • • • • • • • • • • • • • • • • • • •	**************************************
			311)	<u>, -</u>	
For further information c	oncerning this matter, please ca	all:		$\mathbb{R}$	
DENICIA JOSEPH		813 995-4553 at ( )		2: 26	?? ^! STA!
Name o	f Person		phone Number	g)	SNO!
Enclosed is a check for the	he following amount:				
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee Certificate of Sta Certified Copy (additional copy is co	atus &	

MAILING ADDRESS:

TO:

Registration Section

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



February 21, 2019

DENICIA A JOSEPH DENICIA A JOSEPH, LLC 11635 IRIS SPRING COURT RIVERVIEW, FL 33579

SUBJECT: THE CREATIVE LEO LLC

Ref. Number: L14000094109

We have received your document for THE CREATIVE LEO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 619A00003751

Diane Cushing Senior Section Administrator

RECEIVED
2019 MAR -4 MILLET

# ARTICLÉS OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CREATIVE LEO LLC					
(Name of the Limi	ited Liability Compa (A Florida Limited)	iny as it now appears on ( Liability Company)	our records.)	<del></del>	
The Articles of Organization for this Limited L Florida document number L14000094109	Liability Company	were filed on 06/11/20	014	_ and assig	ned
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liab	ility company here:			
DENICIA A. JOSEPH, LLC					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designa	ation "LLC" or the abbre	viation "L.L.C	C."
Enter new principal offices address, if appli	cable:	11635 IRIS SPRING	COURT		
(Principal office address MUST BE A STREET ADDRESS)		RIVERVIEW FL 33:	579		• •
				<u></u>	- 1
				. h 12 30	: '25
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11635 IRIS SPRING	COURT	1	19. 17.
		RIVERVIEW FL 33:	579	P.	
				2	35 ST
				55	골품
B. If amending the registered agent and registered agent and/or the new registered of			records, enter th	e name of	the nev
registered agent and/or the new registered to	THE MUTES HE	<u>.</u>			
Name of New Registered Agent:	DENICIA A. J	OSEPH			<del></del>
New Registered Office Address:	11635 IRIS SP	RING COURT			
a		Enter Florida st	reet address		
	RIVERVIEW		, Florida 33579	•	
		City	· · · · · · · · · · · · · · · · · · ·	Zip Code	<del></del>

## 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

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>	Address	Type of Action
	DENICIA A JOSEPH	11635 IRIS SPRING COURT RIVERVIEW FL 33579	<b>=</b> Add
		1207 N FRANKLIN STREET SUITE 214 TAMPA FL 33602	■ Remove
			☐ Change
<u></u>			DAdd
			☐ Remove
			☐ Change
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		······································	□ Add
			Remove
			Change

	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)  Please Change EIN on file Rom
_	47-1077832+0 83-2732687
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_	12/05/2018
ffecti	12/05/2018  ve date, if other than the date of filing:
fan eff Note:	ective 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 ( If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ford specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated .	March 1st Dig
	Signature of a member of authorized represonative of a member
	Signature of a member of authorized representative of a member
	DENICIA A. JOSEPH

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00

Date of this notice: 12-06-2018

Employer Identification Number:

83-2732687

Form: SS-4

Number of this notice: CP 575 G

DENICIA A JOSEPH LLC DENICIA A JOSEPH SOLE MBR 11635 IRIS SPRING CT RIVERVIEW, FL 33579

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

#### WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 83-2732687. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

### IMPORTANT REMINDERS:

- Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is DENI. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.