

L14000123157

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

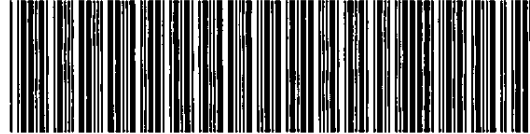
(Business Entity Name)

(Document Number)

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J. HARRIS

**COVER LETTER**

Ref Letter #

416A00016909

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** E3 Create LLC  
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:

SCOTT ROONEY  
Name of Person

E3 CREATE MARKETING SOLUTIONS  
Firm/Company

500 NE SPANISH RIVER BLVD., STE. 206  
Address

BOCA RATON, FL 33431  
City/State and Zip Code

SCOTT@E3CMARKETING.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT ROONEY at (732) 996-0545  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee    ☐ \$30.00 Filing Fee & Certificate of Status    ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

mailed on 8/6

**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

JH



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 16, 2016

SCOTT ROONEY  
500 NE SPANISH RIVER BLVD SUITE 206  
BOCA RATON, FL 33431

SUBJECT: E3 CREATE, LLC  
Ref. Number: L14000123157

RECEIVED  
2016 OCT 31 AM 7:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for E3 CREATE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 416A00016909

FILED  
2016 OCT 31 AM 10:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 10, 2016

SCOTT ROONEY  
500 NE SPANISH RIVER BLVD SUITE 206  
BOCA RATON, FL 33431

SUBJECT: E3 CREATE, LLC  
Ref. Number: L14000123157

We have received your document for E3 CREATE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

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) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 416A00016909

FILED  
DIVISION OF STATE  
CORPORATIONS  
16 OCT 31 AM 10:35

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

E3 CREATE 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 8/6/14 and assigned Florida document number L14000123157.

This amendment is submitted to amend the following:

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

E3 CREATE LLC

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)

SCOTT ROONEY  
500 NE SPANISH RIVER BLVD STE 206  
BOCA RATON, FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

ELISA CIFUENTES ROONEY  
500 NE SPANISH RIVER BLVD STE 206  
BOCA RATON, FL 33431

**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:

SCOTT ROONEY

New Registered Office Address:

500 NE SPANISH RIVER BLVD., STE 206

Enter Florida street address

BOCA RATON

City

Florida

33431

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

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>	<u>Type of Action</u>
AMBR	SCOTT RONEY	500 NE SPANISH RIVER BLVD	<input checked="" type="checkbox"/> Add
		STE. 206	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
AMBR	EUSA CIFUENTES RONEY	500 NE SPANISH RIVER BLVD.	<input checked="" type="checkbox"/> Add
		STE. 206	<input type="checkbox"/> Remove
		BOCA RATON, FL 33431	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated SEP. 2, 2014.

Signature of a member or authorized representative

ELISA CIFUENTES ROONEY

Typed or printed name of signee

15 OCT 31 AM 10:35

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