**Division of Corporations** 



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000353194 3)))



H220003531943ABC\$

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC
Account Number	:	12009000081	
Phone	:	(307)200-2803	
Fax Number	:	(855)330-1010	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

L	LC AMND/RESTATE/CORRI CARE LOVE CRI		IGN
	Certificate of Status	0	OCT
	Certified Copy	0	
	Page Count	04	P
	Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

Help

CCT 1 7 2022

https://efile.sunbiz.org/scripts/efilcovr.exe

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## Care Love Create LLC

٤ 🕹

(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 09/09/14	_ and assigned
Florida document number L14000141836	

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 "LLC."

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, <u>enter the name of the new registered</u> agent and/or the new registered office address here:

Name of New Registered Agent:			202	
New Registered Office Address:			100	
<u></u>	Enter Florida street address		4	
	, Florida	· · ·		
	City	, Zip Code	<b>.</b>	Ť.
New Registered Agent's Signature, if changing Registered Agent:			۲ ۲	Ĺ

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 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

•

Title	Name	Address	Type of Action
MGR	Cheryl L. Celso	7901 4th St N	Xi Add
		STE 300	
		St. Petersburg, FL 33702	□Change
			🗆 Add
			🗆 Remove
		<u></u>	🗆 Change
			🗆 Add
			Remove
			🗆 Add
			🗆 Remove
			□Change
			□Add
		<u></u>	🗆 Remove
			Change
			🗆 Add
			🗇 Remove
			□Change

• ٠ .

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

_			
_			
	· <del>-</del> · ····	······································	
-			
_			
	- ·		
_	·		
_			
	··· <b>·····</b> ····························		
_			
Note:	we date, if other than the date cuve date is listed, the date must be if the date inserted in this block ant's effective date on the Depa	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 ( does not meet the applicable statutory filing requirements, this date will not be listed as t	(3)(b) the
If the record record is file	•	ne, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
Dated_	October 14		

-Rih The

Signature of a member or authorized representative of a member

Riley Park Typed or printed name of signee

Filing Fee: \$25.00