L15000010246

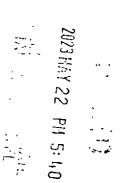
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בצמבוריור א

COVER LETTER

TO:

Registration Section

• Div	ision of Cor	porations					
	CREATIVE	E RISK SERVICES LLC					
SUBJECT:		Name of Limited Liability Company					
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return	all correspo	indence concerning this matter	to the following:				
		RANDY SCHLEGER					
			Name of Person				
		CREATIVE RISK SERVI	CES LLC				
		·	Firm/Company				
		250 S OCEAN BLVD 2a					
			Address				
		BOCA RATON FL 33432					
		AADINICUD A NICCOLLGACIA	City/State and Zip Code				
		MRINSURANCE911@GM E-mail address: (to be used for future annual report	notification)			
For further in	nformation c	oncerning this matter, please c		*			
RANDY SC	HLEGER		516 567-0011				
	Name o	f Person		rtime Telephone Number			
Enclosed is a	check for th	ne following amount:					
■ \$25.00 F	Filing Fee	S30.00 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)			
	iling Addres		Street Address Registration				
Registration Section Division of Corporations			Division of C	Division of Corporations			
). Box 632 Iahassee, I			of Tallahassee			
Lal	rroe Street, Suite 810						

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 HAY 22 PM 5: 40

and assigned

01/16/2015

CREATIVE RISK SERVICES LLC

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company were filed on 04/13/2023

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

Florida document number L15000010246	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liabil	ity company her	<u>re</u> :
The new name must be distinguishable and contain the	words "Limited Liability	y Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office address.		ldress on our re	cords, enter the name of the new registered
Name of New Registered Agent:	RANDY SCHLE	GER	
New Registered Office Address:	250 S OCEAN B	LVD 2A	
The Winderson Control Production.		Enter Flori	da street address
	BOCA RATON	·	Florida 33432 Zip Code
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the proj			

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

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>	Name	Address	Type of Action
MGR	RANDY SCHLEGER	250 S OCEAN BLVD 2A BOCA RATON FL 33432	
			□Remove
			Change
MGR	ZACHARY SCHLEGER		□Add
			Remove
		····	□Change
			□Adđ
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			Chunua

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.		
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Signature of a member or puthorized representative of a member		
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	Signature of a member or buthorized representative of a member	

Filing Fee: \$25.00