

L15000134409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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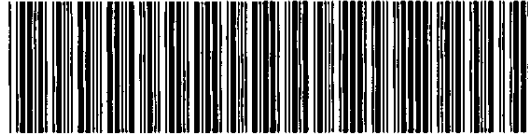
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 14 2015
J. BRUCE

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Galactic Merchandising 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:

Caleb Charbonneau
Name of Person

Firm/Company

28608 Hanging Moss Loop
Address

Westley Chapel, FL 33543
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Caleb Charbonneau at (813) 310-0550
Name of Person Area Code Daytime Telephone Number

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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)

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

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

Galactic Merchandising 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 02-12-2015 and assigned

Florida document number 47-3105159

L1500024109

This amendment is submitted to amend the following:

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

Creative Solutions Worldwide 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)

8602 Temple Terrace Hwy

D-19

Tampa, FL 33637

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

28608 Hanging Moss Loop

Wesley Chapel, FL 33543

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

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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 | Gustavo Quintero | 19029 Fern Meadows Loop | <input checked="" type="checkbox"/> Add |
| | | Lutz, FL 33558 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | Stephen Diamantas | 6542 Ami Ann Court | <input checked="" type="checkbox"/> Add |
| | | Lakeland, FL 33813 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: _____ (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)

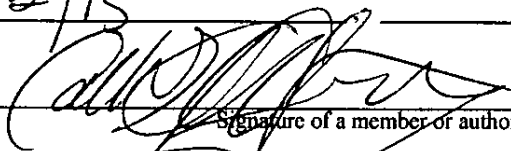
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

7/2/15



Signature of a member or authorized representative of a member

Caleb Charbonneau

Typed or printed name of signee