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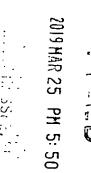
(Requestor's Name)				
(Address)	—			
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status	_			
Special Instructions to Filing Officer:				

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C. GOLDEN APR - 3 2019

### **COVER LETTER**

TO: Registration Secti Division of Corpo			
SUBJECT:		Photo Convention and Liability Company	LL(_
The enclosed Articles of An	nendment and fee(s) are subr	nitted for filing.	
Please return all correspond	ence concerning this matter t	to the following:	
	Tyler I	Soul Stan Name of Person	
	South	east Pholy Conse	ntion
	3326 He	erschel St	
		Address	
	Jacksonvi	City/State and Zip Code	
	tyler by	SULS Jon DMP. Com of the used for future annual report notific	estion)
For further information cond	cerning this matter, please ca	•	divity
Tyler Boy Name of R	Ston	at ( <u>352</u> ) <u>430 - 4</u> Area Code Daytime	78   Telephone Number
Enclosed is a check for the f	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 ARTICLES OF ORGANIZATION

ARTICLES OF AMENDMENT
TO Zou Marie Land
ARTICLES OF ORGANIZATION
OF S
ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF  Southeast Photo Cover for Company as it now appears on our records.  (Name of the Limited Liability Company)  (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on $\frac{2/24/20/5}{1000000000000000000000000000000000000$
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:  Kreativ Summit LLC
he new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 3326 HCr SChol 57
Principal office address MUST BE A STREET ADDRESS) JUCKSONVILLE FL 32205
Enter new mailing address, if applicable:
Mailing address MAY BE A POST OFFICE BOX)
3. 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:

Thereby 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. Thereby 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 = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Tyler Boylston	3326 Hersihel St	
		Jacksonville FL 32205	🗆 Remove
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			Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
·
<del></del>
E. Effective date, if other than the date of filing:  (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)(8)  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
Signature of a prember or authorized representative of a member
Med or printed name of signee

Page 3 of 3

Filing Fee: \$25.00