

#L15000044145

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

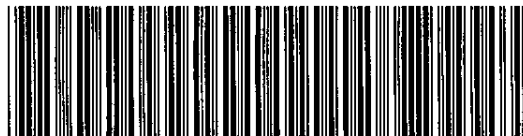
(Business Entity Name)

(Document Number)

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FILED
2015 JUN 29 PM 4:15
COUNTY OF ST. CLAIR
ALLAHASSEE, ALABAMA

K. SALY
EXAMINER
JUN 30 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREATIVE POINT, 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:

ANDREINA DULANTO

Name of Person

CREATIVE POINT, LLC

Firm/Company

4346 SW 165 CT

Address

MIAMI, FL 33185

City/State and Zip Code

ADULANTO@HOTMAIL.COM

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

For further information concerning this matter, please call:

ANDREINA DULANTO

786 853 9357
at ()

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)

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**

CREATIVE POINT, LLC

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

FILED
2015 JUN 29 PM 4:19
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03-11-2015 and assigned
Florida document number L15000044145.

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 "L.L.C."

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, 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

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>
MGRM	ANDREINA DULANTO	4346 SW 165 CT	☐ Add
		MIAMI, FL 33185	☒ Remove
			☐ Change
MGRM	LIEBER PATINO	17051 SW 93 ST	☐ Add
		MIAMI, FL 33196	☒ Remove
			☐ Change
MGRM	CAROLINA PLAZ	4346 SW 165 CT	☐ Add
		MIAMI, FL 33185	☒ Remove
			☐ Change
			☐ Add
			☒ Remove
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			☐ Change
			☐ Add
			☐ Remove
			☐ Change

2015 JUN 29 PM 1:19
ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
DATE 10/13/07 BY SP11/ML/STW/ML

2015 JUN 29 PM 11:11
FALLA HOSPITAL
FALLA HOSPITAL

FILED
2015 JUN 29 PM 4:19
JUL 1 2015
FBI - NEW YORK

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated JUNE 08 2015

Signature of a member or authorized representative of a member

ANDREINA DULANTO

Typed or printed name of signee