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2015 JUL 27 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

R. Ouligan JUL 29 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CreativInvest 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:

SAADIA JOHAN
Name of Person

CreativInvest LLC
Firm/Company

1504 BAY Road Ave,
Address

Miami Beach 33139
City/State and Zip Code

Johan.Pfeiffer@Gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAADIA JOHAN at 305, 834 9837
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

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	SAADIA JHAN	1504 BAY Road New York	<input checked="" type="checkbox"/> Add
		33 139 Miami Beach	<input type="checkbox"/> Remove
		1504 BAY Road Avenue	<input type="checkbox"/> Change
Director	SAADIA JHAN	33139 Miami Beach	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Hello I am the agent and I want to
make "add" myself as a Manager and
Director

Thank you.

(I sent you 2 months before a check
of 25\$, I ressend you another in
case or you cancel the other.)

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2015 JUL 27 AM 10:36
STATE OF ALABAMA
TALLAHASSEE

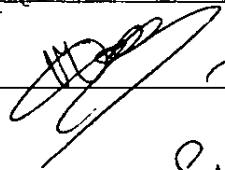
E. Effective date, if other than the date of filing: 14/07/2015 (optional)

(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.

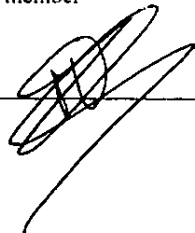
Dated 14/07/2015, M. OSAM



Signature of a member or authorized representative of a member

SAAIDIA JOHAN

Typed or printed name of signer



ES