# L1500005E654

(Re	equestor's Name)
(Ac	ldress)
(Ac	idress)
(Ci	ty/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
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07/27/15--01028--004 \*\*25.00



COVER LETTER
TO: Registration Section Division of Corporations
CREativinues + ALC
SUBJECT:
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:
SAADÍA JOHAN
Name of Person
Cheativiwuest LCC
Firm/Company • <
1804 BAY mad Ne,
Address
Nami Beach 23139
City/State and Zip Code  The Perfect of Control Control  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
ror turtier, information concerning this matter, prease can.
3AADIA JONAN a1305, \$34 9837
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\sim \text{\$30.00 Filing Fee & Certificate of Status}\$\$ Certificate of Status & Certified Copy (additional copy is enclosed)\$\$ 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

FILED

2015 JUL 27 AN 10: 36

(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 Beach and assign Florida document number 1.50005654  This amendment is submitted to amend the following:  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. Enter new principal offices address, if applicable:	
This amendment is submitted to amend the following:  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.  Enter new principal offices address, if applicable:	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.  Enter new principal offices address, if applicable:	<u>C."</u>
cles of Organization for this Limited Liability Company were filed on the Country of the designation of the limited liability company here:  needing name, enter the new name of the limited liability company here:  name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."  new principal offices address, if applicable:  al office address MUST BE A STREET ADDRESS)  ew mailing address, if applicable:  and address MAY BE A POST OFFICE BOX)  amending the registered agent and/or registered office address on our records, enter the name of the new end agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:  Enter Florida arreet address  Florida  Florida	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	C."
• • • • • • • • • • • • • • • • • • • •	
(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 registered agent and/or the new registered office address here:	f the new
	<del></del>
New Registered Office Address:  Enter Florida street address	
Florida	
City Zip Code	· ——

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:

**Title** Address **Type of Action** <u>Name</u> MGR PhAN 1504 BAYROAD Newer Add 33 139 Hiami Beach Remove 1504 BAY Read Avous Change DIRector SAADIA JOHAN 33139 Mian' Beach Box Add ☐ Remove □ Change □ Add ☐ Remove □ Change □ Add ☐ Remove □ Change □ Add □ Remove ☐ Change □ Add □ Remove □ Change



MGR = Manager

AMBR = Authorized Member

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
Hello pain the agent and to want to	
Director	
thank you.	
1 Sent you 2 Norths Before à Chech	
of 25 91, c ressend you another in	
Care or you caucel the other.)	
	5 JUL
	21
	至京
	<b>1</b> 6
Effective date, if other than the date of filing: 140705 (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	: 020 <b>7</b> (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed document's effective date on the Department of State's records.	ed as th
·	
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied.  The 90th day after the record is filed.	er of:
Nu 14/07/2015 1108AM	
Dated 14/07/2015, 11.05AM	
Signature of a member or authorized representative of a member	
SAANIA TOLANI	
SAADIA JONAN Typed or printed name of signee	
Page 3 of 3	

Filing Fee: \$25.00