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PICK-UP WAIT	MAIL
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Certified Copies Certificates of Status	
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## COVER LETTER

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:	
Please return all correspondence concerning this matter to the following:	
Anastasia Montoya	
Name of Person	
Point 11 Creative Group	
Firm/Company	
1020 East Jackson Street	
Address	
Orlando Florida 32801	
City/State and Zip Code anastasia@point11.co	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Anastasia Montoya 407 5178519 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 & □ \$55.00 Filing Fee & □ \$60.00 Filing Certificate of Status  □ \$60.00 Filing Fee & □ \$60	of Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

Point 11 Creative Group

company has been notified in writing of this change.

( <u>Name of the Limited Liability Company as</u> (A Florida Limited Liabili	it now appears on our records.)  ty Company)	
The Articles of Organization for this Limited Liability Company were Florida document number 47-3894533	e filed on	_ and assigned
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 Co	ompany," the designation "LLC" or the abbre	viation "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 registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter th	e name of the new
New Registered Office Address:	Enter Florida street address	7
	, 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

If Changing Registered Agent, Signature of New Registered Agent

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

f amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager

**AMBR** = **Authorized Member** 

<u> Title</u>	<u>Name</u>	Address	Type of Action
MGR	Leonardo Montoya	5545 devonbriar way apt 204, Orla	≅ Add
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fective date, if other than the	e date of filing:	(optional) filing or more than 90 days after filing.) Pursuant to 605,020
ote: If the date inserted in this b	lock does not meet the applicable statu	itory filing requirements, this date will not be listed a
cument's effective date on the D	epartment of State's records.	
record specifies a delaye The 90th day after the rec	d effective date, but not an eff	fective time, at 12:01 a.m. on the earlier of
The Joth day after the rec	ora is filea.	
August 08	2017	
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	Signature of a member or authorized repr	

Page 3 of 3

Filing Fee: \$25.00

Typed or printed name of signee