Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Pax Number : (850)617-6383

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Account Name : SUFERBIZ.COM, INC.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREATIVE SOLUTIONS & VISIONS LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	\$25.00

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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CREATI	VE SOLUTIONS & VISIONS	LI.C	
(Name of the Limited)	inbility Company as it now and lorida Limited Limited Company	ears on our records.)	
The Articles of Organization for this Limited Liabi Florida document number £15000066297	lity Company were tilled on		and assigned
This amendment is submitted to amend the following			
A. If amending name, enter the new name of the	limited liability company	<u>here</u> :	
CSAV360 LLC			
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the ab	breviation "L L.C."
Enter new principal offices address, if applicable			?
(Principal office address MUST BE A STREET A.	DDRESS)		-
			•
			,
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	41		
			.1
B. If amending the registered agent and/or r registered agent and/or the new registered office: Name of New Registered Agent:	address here:	" our records, enter	ne name of the no
New Registered Office Address:			
	Enser Fle	rida street address	
***************************************		Florida	
	City	, Florida	Zip Coze
New Registered Agent's Signature, if changing Regist	-		
i hereby accept the appointment as registered age provisions of all statutes relative to the proper an accept the obligations of my position as registered seing filed to merely reflect a change in the regist company has been notified in writing of this chang	a complete performance of Lagent as provided for in (eved office wildrags, I have	my duties, and I am fai	niliar with and
	If Changing Registered As	ent, Signature of New Regis	tered Agens

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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>	Type of Action
MGRM	KEITH PERAINO	4959 THAMES STREET EAST	DAdd
		KISSIMMEE, FL 34758	
			☐ Change
			O Add
			□ Remove
			Сһалде
			D^Add
			D,Remove
			Change '
			Add
			☐ Remove
			Change
			Remove
			□ Change
			
			□ Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	H18000184269 3
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	<u> </u>	
		-
Note:	etive date, if other than the date of filing: (optional) flective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Put If the date inserted in this block does not meet the applicable statutory filing requirements, this date will ment's effective date on the Department of State's records.	irsuant to 605 0207 (3X) I not be listed as the
f the re b) The	ecord specifies a celayed effective date, but not an effective time, at 12:01 a.m. on e 90th day after the record is filed.	the earlier of:
Dates	DECEMBER 19TH 2018	
	11/1/1	
	Signature of a member or authorized representative of a member	
	KEITH PERAINO	
	Typed or printed name of signee	

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Filing Fee: \$25.00