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SECRETARY OF STATE ALLAHASSEE FLORID!

UN 03 2015 J. HARRIS

COVER LETTER

Division of Corporations
SUBJECT: Creation Global Development Ventures CC
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Charles Carlson Name of Person Curtis Carlson & Associates, P.4. Firm/Company
One Southeast Third Averve, Svite 1200 Address
Midmi, FC 33131 City/State and Zip Code Chase @ Cay Ison - law · ne + E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles Carlson at (305) 372 – 9700 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \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 OF

Creation Clob	Development Liability Company as il now appears Florida Limited Liability Company)	Vertures on our records.)	LLC	
The Articles of Organization for this Limited Liab Florida document number <u>L1500081</u>	ility Company were filed on	5/7/201	15 and assig	med
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the Color Developme. The new name must be distinguishable and contain the word	ut Ventures	$\mathcal{L}\mathcal{L}\mathcal{L}$	abbreviation "L.L.	C."
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET A	ADDRESS)		SEOR ALLA	
Enter new mailing address, if applicable:			HASSEE FL	THE REPORT OF THE PARTY OF THE
(Mailing address MAY BE A POST OFFICE BO	<u></u>		3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3	
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, ente	r the name of	f the new
Name of New Registered Agent:				<u>.</u>
New Registered Office Address:	Enter Flori	da street address		<u></u>
	27107	, Florida _		
	City	, FIOTIUA _	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 = A	Authorized Member		
<u>Title</u>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			
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	inserted in this block does no	and cannot be prior to date of filir of meet the applicable statutor	(options gor more than 90 days after fili y filing requirements, this days	ing.) Pursuant to 605.020
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Page 3 of 3

Filing Fee: \$25.00