L15000082108

(Requestor's Name) (Address)	
(Address)	50
(City/State/Zip/Phone #)	0
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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2020 JAH 21 PM 12: 29

Amend

FEB 1.8 2020 I ALBRITTON

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:(7_)	obal Creator Pr	COUCT ONS. LLC	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for tiling.	
Please return all corresp	ondence concerning this matter	to the following:	
	Amy Hayes	Name of Person	
	- Blobal Create	Productions, Lic Firm/Company	
	510 SE 5th AV	ie F1210 Address	
	Fon Louderdale	City/State and Zip Code	
	the global crea	ttor Egmal. Com	lication)
For further information	concerning this matter, please ca	all:	
Amy Ho	of Person	at (<u>772</u>) <u>285-7</u> Area Code Daytim	(c-17 ne 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 Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Global Creator P	ndu(n cn) LLC pility Company as it now appears on our recorded Limited Liability Company)	orde)
(A Flor	ida Limited Liability Company)	<u></u>
The Articles of Organization for this Limited Liability	Company were filed on May 8;	∂C\S and assigned
Florida document number 415 0000 82108	·	
This amendment is submitted to amend the following:	•	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	
		020
Enter new mailing address, if applicable:		2 [
(Mailing address MAY BE A POST OFFICE BOX)		2 11
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
B. If amending the registered agent and/or register agent and/or the new registered office address here		er the name of the new registered
	•	
Name of New Registered Agent:		
Name Danistand Office Address		
New Registered Office Address:	Enter Florida street addi	ress
	.1	Florida
	Cuy	Zip Code
New Registered Agent's Signature, if changing Registe	red Agent:	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	l complete performance cf my duties, l agent as provided for in Chapter 602 ered c _é fice address, I hereby corfirm l	and I am familiar with and 5, F.S. Or, I this document is

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Kathleen Huey	730 Zorth St. Unit B	
		Baulder, Co 80303	Š Remove
			□ Change
			□Add
			□ Remove
			□ Change
			□Add
			□Remove
			□Add
		□Remove	
			□Change
		□Add	
			□Remove
			Change
			□Add
			□ Remove
			FlChange

lf an c <u>Note</u> :	tive date, if other than the date of filing:
	ord 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 filed.
rd is f	1 January 14 . 2020
ord is f	January 14 . 2020.
ord is t	January 14 . 2020. Grant Grant Signature of a member or authorized representative of a member

Filing Fee: \$25.00