115000118114

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Amend Mame

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COVER LETTER

	gistration Se vision of Cor					
SUBJECT:	Speece's Pie	eces, LLC				
SUBJECT:	Name of Limited Liability Company					
The enclose	d Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please retur	n all correspo	ndence concerning this matter	to the following:			
		Joshua Speece				
		-	Name of Person			
		2622 Diplomat Dr	Firm/Company			
		Melbourne, FL 32901	Address			
		creationscapesllc@gmail.co	City/State and Zip Code om			
		E-mail address: (to be used for future annual report notific	cation)		
For further i	nformation co	oncerning this matter, please ea	ıll:			
Joshua Spec	ece		321 258-6570			
	Name of	Person	at () Area Code Daytime ^	Telephone Number		
Enclosed is	a check for th	e following amount:				
\$25.00 E	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:

TO:

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

SPEECE'S PIECES, LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our red Liability Company)	cords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L15000118114</u> .	were filed on 9 JULY 2015	and assigned	
This amendment is submitted to amend the following:		8 PE	
A. If amending name, enter the new name of the limited liab	oility company here:	ė;	
CREATIONSCAPES, LLC		Tw .	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	2622 DIPLOMAT DR		
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE, FL 32901		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2622 DIPLOMAT DR MELBOURNE, FL 32901		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
	City	Zip Code	
New Registered Agent's Signature, if changing Registered Agent:	-		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties	s, and I am familiar with and	

If Changing Registered Agent, Signature of New Registered Agent

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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

MCR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	JOSHUA SPEECE	2622 DIPLOMAT DR	
		MELBOURNE, FI. 32901	
			Remove
			■ Change
	KRISTA SPEECE	2622 DIPLOMAT DR	E change
AMBR			
		MELBOURNE, FL 32901	
			□ Remove
			Change
			□ Remove
			-
			Change
			□ Remove
			Change
			Remove
			Change
			□ Add
			□ Remove
			Change

			
			
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Effective date, if other than the difference feetive date is listed, the date must be Note: If the date inserted in this blood document's effective date on the Dep	be specific and cannot be prior to di- k does not meet the applicable	ite of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.0207 ts, this date will not be listed as:
ne record specifies a delayed of The 90th day after the recor		n effective time, at 12	:01 a.m. on the earlier of
Dated MAY 9TH	2019		
	ignature of a member or authorize		
- /N 1/s	/ T ignature of a member or authorize	d representative of a member	

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Typed or printed name of signee

Filing Fee: \$25.00