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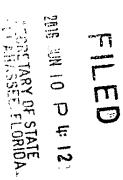
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corpora			
SUBJI	ect: <u>KREAT</u>	Name of Limi	CONCEPTS L ted Liability Company	LC
The en	closed Articles of Amo	endment and fee(s) are sub-	mitted for filing.	
Please	return all corresponder	nce concerning this matter t	to the following:	
	-	Lui	S IGUES IA Name of Person	S
	-	KREATNE	MEDIA CONC	EPTS, LLC
	-	15172	SW 115 TER	RACE
	-	MAIM	City/State and Zip Code	<u> </u>
		INFO 6 KRY E-mail address: (t	EATIVE MEDIA o be used for future annual re	CONCEPTS. COM eport notification)
For fur	ther information conce	rning this matter, please ca	dl:	
<u> </u>	Name of Per	i A S	at (<u>786</u>) Area Code	395-0341 Daytime Telephone Number
Enclos	ed is a check for the fo	llowing amount:		
□ \$ 2.	5.00 Filing Fee S	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

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

KREATIVE MED (Name of the Limited	IA CONC	EPTS, LLC		
(Name of the Limited (A	Liability Compan Florida Limited Li	y as it now appears on our i ability Company)	records.)	
The Articles of Organization for this Limited Liab Florida document number L15000 118 5	oility Company v			and assigned
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liabil	ity company here:		
The new name must be distinguishable and contain the word	ls "Limited Liabilit	y Company," the designation	"LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		15172 SW 115 TERRACE		
(Principal office address MUST BE A STREET	ADDRESS)	MIAMI, FL 33196		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or registered agent and/or the new registered office	registered off			
Name of New Registered Agent:				
		SW 11 S TEX		
	MIAMI	Citv	_, Florida	33196
		City		Zip Code
New Registered Agent's Signature, if changing Reg	gistered Agent:			
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the reg	and complete pered agent as p	performance of my duti rovided for in Chapter	es, and I am 605, F.S. Or	familiar with and , if this document is

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

company has been notified in writing of this change.

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> Name | <u>Address</u> Type of Action 15623 SW 96 TEKRACE FRANCO CUGGE MGIZ □ Add MIAMI, FL 33196 Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change _□ Add □ Remove 를 □ Ghange

Change

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an el lote: ocur	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	as the
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