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(Re	equestor's Name)	<u> </u>
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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SECRETARY OF STATE PALLAHASSEE, FLORIDA

JUN 0 6 2016 S. YOUNG

COVER LETTER

	Registration Se Division of Cor			
SUBJEC"	Verge Crea	tive LLC		
SOBJEC	·	Name of Lim	ited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please reti	urn all correspo	ndence concerning this matter	to the following:	
		Jonathan Smith		
			Name of Person	
			Firm/Company	75 FALL
		1331 Hobson St.		16 KAY 31
			Address	7 000
		Longwood Fl 32750		
		smitty.city@me.com	City/State and Zip Code	र हिं
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	r information c	oncerning this matter, please ca	all:	
Jonathan	Smith		321 356-9472	
	Name o	f Person		Telephone Number
Enclosed	is a check for th	ne following amount:		
\$25.00	0 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)
	MAIL	ING ADDRESS:	STREET/COURIE	ER ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Verge Creative LLC		
(Name of the Limited Liability Compa (A Florida Limited	i <mark>ny as it now appears on our record</mark> Liability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company	were filed on July 13, 2015	and assigned
Florida document number L15000119763		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Verve Creative LLC		
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:	1331 Hobson St.	一 お ご覧
(Principal office address MUST BE A STREET ADDRESS)	Longwood, Fl. 32750	3 20
		<u> </u>
		P Del
Enter new mailing address, if applicable:	1331 Hobson St.	प्र क्
(Mailing address MAY BE A POST OFFICE BOX)	Longwood, Fl. 32750	의 출유
		.r
B. If amending the registered agent and/or registered of		s, enter the name of the nev
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	S
		orida
	City	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 = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Smith, Jonathan	1331 Hobson St.	_ Add
		Longwood, Fl. 32750	Remove
			☐ Change
AMBR	Smith, Ivey	1331 Hobson St.	■ Add
		Longwood, Fl. 32750	□ Remov <u>e</u> ,
			16 Gange FLE
MGR	Smith, Jonathan	1331 Hobson St.	
		Longwood, Fl. 32750	Remove
			.v. ;;> ■ Change
MGR	Smith, Ivey	1331 Hobson St.	
		Longwood, Fl. 32750	Remove
			Change
			
			□ Remove
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fective date, if other tha	n the date of filir	ıg:) ((((((((((((((((((((opt	ional)	
an effective date is listed, the dote: If the date inserted in occurrent's effective date on	his block does not	meet the applica	o date of filing or m ble statutory filin	ore than 90 days and g requirements, th	is date will not b	e listed as
e record specifies a de The 90th day after th			an effective t	ime, at 12:01	a.m. on the e	earlier of
ated		2016				
		1 -	_			
Cath	6	K	rized representative			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00