

L15000129508

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

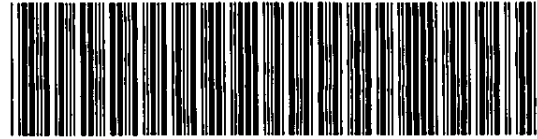
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sensual Creation LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Haggerty
Name of Person

Owner
Firm/Company

2833 NW 21th ave
Address

Cape Coral FL 33993
City/State and Zip Code

aroundtheclockshipping@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Haggerty at (305) 879 44 77
Name of Person Area Code Daytime 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Adults Entertainment Products LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10-16-2016 and assigned Florida document number L15000129508.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Sensual Creations LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Michael Haggerty
2833 NW 21th Avenue
Cape Coral Fl. 33993

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Michael Haggerty
2833 NW 21th Ave
Cape Coral Fl. 33993

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Michael Haggerty

New Registered Office Address:

2833 NW 21th Avenue

Enter Florida street address

Cape Coral

City

Florida

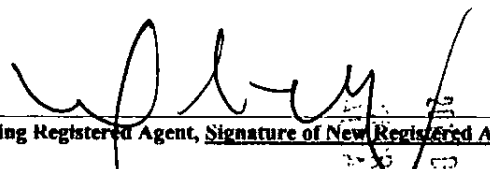
Fl. 33993

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



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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>	<u>Type of Action</u>
acct mgr	Dario Sagastume	2833 NW 21th avenue	<input checked="" type="checkbox"/> Add
		Cape Coral Fl. 33993	<input type="checkbox"/> Remove
		305 923 5855	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Director of Operations	Maria Haggerty	2833 NW 21th avenue	<input checked="" type="checkbox"/> Add
		Cape Coral Fl. 33993	<input type="checkbox"/> Remove
		305 896 4213	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Take a note of new address is now
2833 NW 21th Avenue Cape Coral FL 33993

Remove from Title Doo The name of:
Haggerty Marke

any and all information is to be sent
to the address above

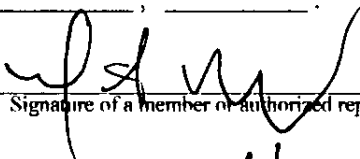
The register Agent is now
Michael Haggerty
2833 NW 21th Ave.
Cape Coral FL 33993

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective 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 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 11-30-16



Signature of a member or authorized representative of a member

michael Haggerty
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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