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(Re	questor's Name)	
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COVER LETTER

Division of Corp			
SUBJECT: Kn	uth Kreati	ve LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	_		
	Sca	Name of Person H Kreative L Firm/Company	
		Name of Person	
	Knut	th Kreative 1	LC
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	114 River	avalle Blud	
	11 (100)	rwalk Blvd.	
	Ct tob	n: [1 377 60	a
	<u> </u>	ns fL 32259 City/State and Zip Code	<u></u>
	SCARLET	TTW @ QUI. Con to be used for future annual report notion	\wedge
	E-mail address: (t	to be used for future annual report noti-	fication)
For further information co	ncerning this matter, please ca	all:	
Scarlett	knuth	at (904) 98 Z	1-1007
Name of	Person	Area Code Daytime	e Telephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate 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

Knuth	Kreative, LL	
(Name of the Limited (A	Liability Company as it now appears on Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liab Florida document number <u>L1500013</u>		13/2015 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the SCARLETT KA	ne limited liability company here: JUTH, LLC ds "Limited Liability Company." the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable (Principal office address MUST BE A STREET A	 	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO		
<u> </u>		
B. If amending the registered agent and/or regingent and/or the new registered office address h	istered office address on our recor <u>tere</u> :	rds, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	treet address
-		Florida
	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 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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
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If amending any other inforr	nation, ente	r change(s) here	e: (Attach additio	nal sheets, if nece:	ssary.)
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	nust be specific block does no	and cannot be prior of meet the applica	able statutory filing	(option than 90 days after firequirements, this of	iling.) Pursuant to 605.0207 (
he record specifies a delayed effectord is filed.	tive date, but i	not an effective tii	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated August	14	2020	<u>) </u>		
	Scarl Signature of	Lett 1/401 Fa member or autho	rized representative of	of a member	
	Sca	x1eH 1	Chuth d name of signee		<u>-</u>