# 116000047437

(Requ	uestor's Name)	<del></del>
(Addr	ess)	
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  ertified Copies Certificates of Status  Special Instructions to Filing Officer:		
(City/	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busi	ness Entity Na	me)
(Docu	ıment Number)	)
Certified Copies	Certificate	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



900298970729

05/30/17--01017--008 \*\*25.00

17 MAY 30 AM 7: 58
SECRETARY OF STATE
ALLAHASSES FINES

### **COVER LETTER**

er ii		EATIVE RE GROUP			
SUI	ВЈЕСТ:	Name of Limite	ed Liability Company		
The	enclosed Articles of A	Amendment and fee(s) are subm	itted for filing.		
Plea	ase return all correspon	dence concerning this matter to	the following:		
		Michael Pingree			
			Name of Person	<del></del>	
Crown Estate Management					
Firm/Company					
1000 NW 1st Ave STE 1					
Address					
		Boca Raton, FL 33432			
		rob@creativeregroup.com	City/State and Zip Code		
		_ •	be used for future annual report notificat	ion)	
For	further information co	ncerning this matter, please call	1:		
Rol	bert Rudolph		303 888-4724		
Name of Person at ()  Area Code Daytime Telephone Num		lephone Number			
Enc	closed 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)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	

#### MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

THE CREATIVE DE CROUP

(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Lia Florida document number		were filed on	and assigned
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	ords "Limited Liabil	lity Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2519 N Ocean Blvd #105	
		Boca Raton, FL 33431	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		2519 N Ocean Blvd #105	
		Boca Raton, FL 33431	
B. If amending the registered agent and/or registered agent and/or the new registered off  Name of New Registered Agent:			ter the name of the new
New Registered Office Address:	2519 N Ocean		30 30 \$SST
		Enter Florida street address	19 3
	Boca Raton	, Florida	33431
		City	Zip Code Cn
New Registered Agent's Signature, if changing R	egistered 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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MICHAEL V PINGREE	1000 NW 1ST AVE STE I	<b>⊟</b> Add
		BOCA RATON, FL 33432	Remove
	•		Change
	restrace (AU Million of Aug Parties and Aug		□ Add
			☐ Remove
			Change
			□ Remove
			Change
	<del> </del>		
			Remove
			□ Change
<del></del>		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Change
			🗆 Remove
			☐ Change

	<del>-</del>	, <u>.</u>	
		<del></del> _	
		<u></u>	17
		<u> </u>	A
	-	- <del>\$</del> \$\$	<del>\$</del> 0
			<u>**</u>
	<del></del>		7.
		X D E	<u>යා</u>
fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing	(or	otional) 🧦	

Page 3 of 3

Filing Fee: \$25.00