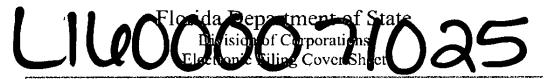
5/16/2016

Division of Corporations



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(((H16000120657 3)))



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To:

Division of Corporations

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From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

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Help

COVER LETTER

TO: Registration Se Division of Cor	ction porations			
SUBJECT: MINDZ C	REATION, LLC			
	Name of Limi	ited Liability Company		
	·			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Cheyenne Moseley			
		Name of Person		
	Legalzoom.com, Inc.			
		Firm/Company		
	101 N. Brand Blvd., 11t	h Fir.		
	Address			
	Glendale, CA 91203			
		City/State and Zip Code		
	Ohwe81@gmail.com	to be used for future annual report notil		
Eng footbook in formation of	oncerning this matter, please ca	,	reation)	
	oncerning this matter, piease ca			
Imelda Vasquez		323 962-8600 e		
Name o	í Person	Area Code Daytime	e Telephone Number	
Enclosed is a check for the	ne 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

MINDZ CREATION, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	onpany as it now appears on our reconted Liability Company)	rds.)
The Articles of Organization for this Limited Liability Comp Florida document number <u>L16000071025</u>	vany were filed on 04/11/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
The new name must be distinguishable and end with the words "Limited	Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		ASS B
(Principal office address MUST BE A STREET ADDRESS	<u></u>	A solved to the
		55. 75
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		S 69 5
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address on our record here:	ds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	exs
		lorida
N 70 1 . 1 . 1 . 1	City	Zip Code
New Registered Agent's Signature, if changing Registered Agentee Agent's Signature, if changing Registered Regist	ent:	

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
			☐ Remove
			□ Add
			☐ Remove
			Remove
			☐ Add
			Remove
			750 BB 773
			Remove Add FS Add FS Remove

. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
· <u>A</u>	rticle IV. Please update AMBR Bruve V. Singleton's name to Bruce V. Singleton
_	
_	
(The effec	e date, if other than the date of filing: (optional) tive date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after this document is filed by the Florida Department of State)
Dated	5/12/16
Dated _	Bel Sulfu
	Signature of a member or authorized representative of a member
	Bruce V. Singleton
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

16 MAY 24 AM 8: 46