Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LEGALZCOM.COM INC.

Account Number : I20010000062 Pnone

Fax Number

: (323)962-8600 : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MINDZ CREATION, LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

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Corporate Filing Menu

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TO:

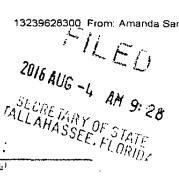
Registration Section

COVER LETTER

Div	rision of Cor			
SUBJECT:	MINDAC	REATION, LLC		
		Name of Lin	nited Liability Company	
The enclose	d Articles of	Amendment andfee(s) are sub	mitted for filing.	
Please return	n all correspo	ondenceconcerning thismatter	to the following:	
		Cheyenne Moseley		
		a retal & 1. Bit in Mahin debetaring and the straight	Name of Person	rakera on ne stage ye. Ange sagaran sa co pembada
		Legalzoom.com, Inc.		
			Firm/Company	
		101 N. Brand Blvd., 111		
			Address	TOTAL THE STANDARD OF THE PERSON NAMED IN COLUMN TWO
		Glendale, CA 91203		
			City/State and Zip Code	
		Ohwe81@gmail.com	to be used for future annual reportnotific	ation
For further is	itormation co	oncerning thismatter, please ca		· •
Cheyenne !	Moseley		800 773-0888 ext	. 9724
	Name of	Person	at () Area Code Daytime T	Telephone Number
Enclosed is a	check for th	e following amount:		
□ \$25.00 F	iling Fee	□ \$30.00 Filing Fee& Certificate of Status	■ \$55.00 Filing Fee& Certified Copy (additional copy is enclosed)	☐ \$60.00 FilingFee, Certificate of Status & Certified Copy (additional copy isenclosed)
		NG ADDRESS:	STREET/COURIED Registration Section	R 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**



MINDZ CREATION, LLC

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

	Enter Florida street address	
New Registered Office Address:		
Name of New Registered Agent:		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on our records, <u>enter the name of ddress here</u> :	the nev
Manng address MAY BE A POST OF FICE BOAT		ger (g. 1881-ng) Verb is College and del
Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new principal offices address, if applicable:		
The new name must be distinguishable and end with the words "	'Limited Liability Company," the designation "LLC" or the abbreviation "L.L	C.'
A. If amending name, enter the new name of the lin	mited liability company here:	
This amendment is submitted to amend the following:	:	
Florida document number L16000071025	·	
	y Company were filed on 04/11/2016 and assig	ned

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	Gabriel Diaz	1322 21st Street	
		Sarasota, FT. 34234	. 🗹 Remove
			SECTION OF THE AM
Name and the State of the State	MATERIA (M. Proposition provide ALANA ALANA ALANA (MATERIA) (MATERIA) (MATERIA) (MATERIA) (MATERIA) (MATERIA)		Remove TALL/HASSEE FLORIDS AND -LE AM 05 28
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E. Effective date, if other than the date of filing: (Optional) (The effective date must be specific, cannot be prior to date of receipt or filed date and carnot be more than 90 days after	
the date this document is filed by the Florida Department of State) Dated 7/39 (100 29th 8016)	
Rel Silfra	
Signature of a member or authorized representative of a member	Accountable to
Bruce V. Singleton	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25,00

2016 AUG -4 AM 9: 29
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