

116000071222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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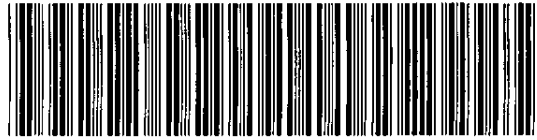
(Business Entity Name)

(Document Number)

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JUL 03 2017

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CREATIVE MINDS FIRM LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MOHSEN MAHMOUD KHAIAL
Name of Person

CREATIVE MINDS FIRM LLC
Firm/Company

7901 COLONY CIR S 202
Address

TAMARAC, FL 33321
City/State and Zip Code

APBROMBERG@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHSEN MAHMOUD KHAIAL at (561) 279-8012
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREATIVE MINDS FIRM 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:

MOHSEN MAHMOUD KHAIAL

Name of Person

CREATIVE MINDS FIRM LLC

Firm/Company

7901 COLONY CIRCLE S 202

Address

TAMARAC, FL 33321

City/State and Zip Code

APBROMBERG@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MOHSEN MAHMOUD KHAIAL

561 279-8012

Name of Person

at ()

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

CREATIVE MINDS FIRM 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 4/11/2016 and assigned Florida document number L16000071222.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street 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 Changing Registered Agent, Signature of New Registered Agent

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>
MGR	MOHSEN KHAIAL	7901 COLONY CIRCLE S	<input type="checkbox"/> Add
		202	<input checked="" type="checkbox"/> Remove
		TAMARAC, FL 33321	<input type="checkbox"/> Change
MGR	MOISEN MAHMOUD KHAIAL	7901 COLONY CIRCLE S	<input checked="" type="checkbox"/> Add
		202	<input type="checkbox"/> Remove
		TAMARAC, FL 33321	<input type="checkbox"/> Change
MGR	JOAN SEBASTIAN PABON <i>Mahecha</i>	7901 COLONY CIRCLE S	<input checked="" type="checkbox"/> Add
		202	<input type="checkbox"/> Remove
		TAMARAC, FL 33321	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE, FLORIDA

17 JUN 80 AM 8:49
PLANTATION
ALLAHASSEE, FLORIDA

17 JUN 80 AM 8:49
ALLAHASSEE, FLORIDA

(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)

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 June 26, 2017

Robert M. Kimmel

 (Signature for member's authorized representative)

Signature of a member or authorized representative of a member

MOHSEN MAHMOUD KHAIAL

Typed or printed name of signee