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17 FEB 16 MM 7: 0 SECRETARY OF STATE TALLAMASSEE, FLORE

Office Use Only

COVER LETTER

TO: Registration Sect Division of Corpo			
·	Name of Limi	Fine Creations ted Liability Company	LLC
The enclosed Articles of A	mendment and fee(s) are subr	mitted for filing.	
Please return all correspond	dence concerning this matter t	to the following:	
	Michae	Name of Person	
		Firm/Company	
	825 5	Address Street	
	Fort Lavo	derdale FL 3 City/State and Zip Code	53315
	E-mail address: (t	City/State and Zip Code Description Descri	cation)
For further information cor	ncerning this matter, please ca	II:	
Michael Ass Name of	Person	at (845) 641 - Area Code Daytime	- 38 12_ Telephone Number
Enclosed is a check for the	=		
\$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

TO **ARTICLES OF ORGANIZATION OF**

M; key 's	Wood	Five	Creati	ons 1	<u> </u>		
(Name of the Limited	Florida Limited L	iability Comp	any)	r recorus.			
The Articles of Organization for this Limited Liab	ility Company 708	were filed o	n <u>A אין</u>	1 70,	2016 a	nd assi	igned
This amendment is submitted to amend the follow	ing:						
A. If amending name, enter the new name of the	<u>ne limited liabi</u>	lity compar	ny here:				
The new name must be distinguishable and contain the word	laffles	<u>LL (</u>					
The new name must be distinguishable and contain the word	ls "Limited Liabili	ity Company,"	the designation	on "LLC" or the	he abbreviat	ion "L.I	L. C. "
Enter new principal offices address, if applicab	le:	825 Fort	SW	1-714	Street	<u>t </u>	
Principal office address MUST BE A STREET	ADDRESS)	Fort	Laud	erdale	, FL.	33	5315
					,		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	825 Fant	SW	17 th	Stre FL	<u>e+</u> 3	 53315	
B. If amending the registered agent and/or			s on our 1	records, en	iter thes	iame/	of the new
registered agent and/or the new registered offic	<u>e address here</u>	2:			10 min	83.	5 7
Name of New Registered Agent:		2	IA		SSEE.	16	The same
New Registered Office Address:	825	SW Ente	17th	St co	2003	7:0	Transport of the second
	Fart L	and and City	le.	, Florida	33 Zip		<u> </u>
New Registered Agent's Signature, if changing Reg							
l hereby accept the appointment as registered o	agent and agre	ee to act in i	this capaci	ty. I furthei	r agree to	comp	ly 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
wer	Anthony Perrotta	825 SW 17th Street Fort Landerdole PL 33315	🗹 Add
	Anthony Perrotta		☐ Remove
			Change
			🗆 Add
			Remove
			Change
			🗆 Add
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If an effective dat Note: If the date	ite is listed, the d ate inserted in	an the date of foliate must be specific this block does not the Department	c and cannot b not meet the	applicable sta	of filing or mor	re than 90 day	(optional) s after filing. s, this date) Pursua	unt to 60 et be lis)5.0207 (sted as (
		elayed effective ne record is fil		ut not an e	effective tir	ne, at 12:	:01 a.m.	on the	e earl	ier of:
Dated Z	-1131	17	,	<u></u> •					,	
<u></u>		Wich Signature	had	asse						
		Signature	of a member c	or authorized n	epresentative o	t a member				

E.

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Filing Fee: \$25.00