L16000138297

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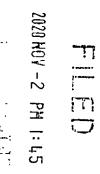


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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Hav	wah Bouyer C	reative	
	Pame of Lim	nted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	ndence concerning this matter	to the following:	
	Han	nah Rouger Name of Person	
	ba	unah Banyar Creat	Lve
	6135 Harie D	Drive, Address	
	Gulf Breeze	City/State and Zip Code	
	E-mail address!	Creative (Qamail-Com to be used for future annual report notifi	Cation)
For further information co	oncerning this matter, please co	all:	
Hannah T	Souger	., 570 . 730-1	1578
Name of	Person	at (S70) 730 - 1	Telephone Number
Enclosed 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	<u>:</u>	Street Address:	

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

TO:

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hannah Bouyer	Creative UC	
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our related Liability Company)	cords.)
he Articles of Organization for this Limited Liability Comp	pany were filed on $\frac{7/22}{}$	and assigned
orida document number <u>L16000139297</u> .		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited	liability company here:	
Hannah Boryer and Conte new name must be distinguishable and contain the words "Limited I	pany UC	
ne new name must be distinguishable and contain the words "Limited I	Liability Company," the designation "	LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u></u>	
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
		202
		2020 NOV
nter new mailing address, if applicable:		~
Mailing address MAY BE A POST OFFICE BOX)		20
		P P
. If amending the registered agent and/or registered off	fice address on our records, <u>en</u>	ter the name of the new regis
gent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		
•	Enter Florida street aa	ldress
_ 		, 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>	Address	Type of Action
			□Add
			□Remove
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			🗆 Add
			□Remove
			Change
			Change
			Remove
		***************************************	Remove
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ective date, if other than the effective date is listed, the date made. If the date inserted in this cument's effective date on the	oust be specific and oblock does not me	cannot be prior to eet the applicable		ore than 90 days aft		
cord specifies a delayed effect s filed.	ive date, but not a	un effective time	e, at 12:01 a.m. c	on the earlier of: ((b) The 90th	day after the
ted Oct 28,	Haml	2020 Bing				
	Signature of a m	ember or authors	red representative	of a member		