L16000144190

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(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name)
(Document Number)
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DIVISION OF CORPORATIONS 18 MAY 29 PH 3: 27

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		COVER LETTER	
TO: Registration Se Division of Co			
KREATIVE	THEORY LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter		
	Farah Cruz		
		Name of Person	
<i></i>	Fail Safe Accounting LLC		
		Firm/Company	-
	20 S. Rose Ave Suite 4	Address	
	Kissimmee, FL 34741		
		City/State and Zip Code	
	farah@failsafetax.com E-mail address: (to be used for future annual report notif	fication)
For further information c	concerning this matter, please ca	-	
Farah Cruz		407 201-7988 at ()	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he following amount:		
Solution Sec. Sec. 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 Sta Certified Copy (additional copy is en
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n
P.O. B	assee, FL 32314	Clifton Building 2661 Executive Ce Tallahassee, FL 32	nter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KREATIVE THEORY LLC

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/02/2016 and assigned Florida document number L16000144190

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:	18	SI		
(Principal office address MUST BE A STREET ADDRESS)	MA	SION		
	29	RATE:		
	T T	ORICO CREC		
Enter new mailing address, if applicable:	<u>ట</u>	<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)	27	110.15		

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new</u> registered agent and/or the new registered office address here:

Name of New Registered Agent:	Fail Safe Accounting LLC		<u></u>	
New Registered Office Address:	20 S. Rose Ave Suite 4			
	Ente	r Florida street address		
	Kissimmee	, Florida ³⁴	741	
	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>	Name	<u>Address</u>	Type of Action
Member	Rafael Alves Bassani	1906 Mae St.	🔜 😡 Add
		Orlando, FL 32806	🗖 Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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		05/23/20	19				
E. Effective date, if of (If an effective date is lis	ther than the date	of filing:			(optional)		0007 (2)/L
Note: If the date is is document's effective	erted in this block de	oes not meet the appl	icable statutory	filing requiremen	its, this date will no	t be listed	d as the
f the record specific b) The 90th day a			iot an effecti	ive time, at 12	:01 a.m. on the	e earlier	r of:
Dated May 23		, 2018	·				
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Crieselle							
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Gieselle I			monzed represen	tanve of a memoer			

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Filing Fee: \$25.00