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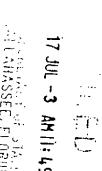
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COVER LETTER

TO: Registration Sec Division of Corp		•	
^	tive Arts Missi		
	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Susan	K. Lange Name of Person	
	By Sue	Firm/Company	
	7935 Airport	-Pulling Rd N#	4-344
	Naples,	1. 34109 City/State and Zip Code	·····
	Chousan E-mail address: (i	Kay 6 amail. Com	ation)
For further information co	oncerning this matter, please ca	ग्री:	
Susank.	Person (at (H07) 579-0 Area Code Daytime 1	812 Telephone Number
Enclosed is a check for th	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 onclosed)

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

Creative Arts Missi	on LLC
(Name of the Limited Liai (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number 1600 15382	Company were filed on $\frac{8}{17}$ and assigned $\frac{2}{2}$.
This amendment is submitted to amend the following	:
A. If amending name, enter the new name of the li By Susur Kay LLC. The new name must be distinguishable and contain the words "I	imited liability company here: 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 AD	DRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	SSE -
B. If amending the registered agent and/or registered agent and/or the new registered office are	gistered office address on our records, en@r.the_name-of the new
Name of New Registered Agent:	ddress here:
New Registered Office Address:	Enter Florida street address
	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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			□ Change
			Add
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Effective date, if other than the date of filing from effective date is listed, the date must be specific at Note: If the date inserted in this block does not decrement's offsetive date on the Does not decrement.	nd cannot be pa	olicable stat	f filing or mo	re than 90 di requireme	(optionays after fints, this c	lina \ Du	rsuant to	o 605,0207 listed as
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Dated June 26 1		-1						
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Filing Fee: \$25.00