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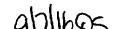




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SECRETARY OF STATE



### **COVER LETTER**

TO:	Registration Se Division of Cor		. 4				
SIUD IE	New Creati	ons Design and Construction L	LC				
SUBJE	UI: <u></u>	Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ondence concerning this matter	to the following:				
		David Rodriguez					
			Name of Person				
		New Creations Design and	Construction LLC				
			Firm/Company				
		90 NE 47th Street					
		Fort Lauderdale, FL 33334					
			City/State and Zip Code				
		david@newcdc.com					
		E-mail address: (	to be used for future annual report notification)	_ E.G.			
For furth	ner information c	oncerning this matter, please ca	all:	電 省 丁			
David R	odriguez		954 868-3958 at ( )	P-6 P			
		f Person	Area Code Daytime Telephone No	STATE LORIDA			
		he following amount:		بيعيد			
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee, tificate of Status & tified Copy litional copy is enclosed)			
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	STREET/COURIER ADDREST Registration Section Division of Corporations Clifton Building	SS:			

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Creations Design and Construction 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  $\frac{08/25/2016}{}$ and assigned Florida document number L16000159424 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

#### 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
AMBR	Adrian Nowalk	11287 NW 7th Street	■ Add
		Coral Springs, FL 33071	□ Remove
			Change
			Add
			□ Remove
-			Add
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Effective date, if other than	the date of fi	ling:		(	(optional)	
If an effective date is listed, the dat Note: If the date inserted in the document's effective date on the document is a fective date.	e must be specific is block does no	and cannot be pri ot meet the app	licable statutory	or more than 90 days	s after filing.) Pursua	ant to 605.02 of be listed
ne record specifies a dela The 90th day after the			not an effecti	ve time, at 12:	01 a.m. on th	e earlier
Dated August 28		2016	·			
1						
	Signature o	of a member or au	thorized represen	tative of a member		<del></del> -

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Filing Fee: \$25.00