

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: support@larsonacc.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CUTE CREATIVE CREATIONZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$25.00

RECEIVED  
2018 MAY 23 PM 1:08  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

FILED  
18 MAY 23 AM 9:50  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

Electronic Filing Menu

Corporate Filing Menu

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MAY 24 2018

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CUTE CREATIVE CREATIONZ LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CAROLINE G LARSON

Name of Person

LARSON ACCOUNTING & CONSULTING SERVICES LLC

Firm/Company

7901 KINGSPONTE PKWY STE 17

Address

ORLANDO, FL 32819

City/State and Zip Code

support@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROLINE G LARSON

Name of Person

at ( 407 )

Area Code

3703686

Daytime Telephone Number

Enclosed is a check for the 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:**  
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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
18 MAY 23 AM 9:50  
STATE OF FLORIDA  
HALL COUNTY CLERK

CUTE CREATIVE CREATIONZ 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 09/20/2016 and assigned  
Florida document number L16000175700

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CUTE CREATIONZ LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

1750 FULLERS OAK LOOP

(Principal office address MUST BE A STREET ADDRESS)

WINTER GARDEN, FL 34787

Enter new mailing address, if applicable:

1750 FULLERS OAK LOOP

(Mailing address MAY BE A POST OFFICE BOX)

WINTER GARDEN, FL 34787

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:

REINHARDT, CORY A

New Registered Office Address:

1750 FULLERS OAK LOOP

Enter Florida street address

WINTER GARDEN

Florida 34787

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>	<u>Address</u>	<u>Type of Action</u>
MGR	REINHARDT, CORY A	4654 RIVER GEM AVE	<input type="checkbox"/> Add
		WINDEMERE, FL 34786	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REINHARDT, SABRINA	1750 FULLERDAK LOOP	<input type="checkbox"/> Add
		WINTER GARDEN, FL 34787	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED

18 MAY 23 AM 9:50  
FILED


18 MAY 26 AM  
U.S. AIR FORCE  
HONOLULU FIELD OFFICE

FILED  
MAY 28 AM 9 50  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF NEW YORK

**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated MAY 10th, 2018

Sabina Reinhardt

Signature of a member or authorized representative of a member

REINHARDT, SABRINA

Typed or printed name of signer.