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## **COVER LETTER**

	ation Sec n of Corp		•		
	літ то (	CREATE, LLC			
SUBJECT:		Name of Lim	ited Liability Company		<b></b>
		tmendment and fee(s) are sub-	-		
		LOVETTE DOBSON			
			Name of Person		THE STATE OF
		INCFILE.COM LLC			1020 SEP 1
			Firm/Company		15 PH
		17350 STATE HWY 249 S	STE 220		15 PH 3: 18
			Address		- 2里 -
		HOUSTON, TX 77064			2m 0
		EFILE1234@INCFILE.CO	City/State and Zip Code	<del></del>	
		E-mail address: (	to be used for future annual re	port notification)	_
For further infor	mation co	ncerning this matter, please ca	all:		
LOVELLE DO	BSON		888 462-	3453	
	Name of	Person	Area Code	Daytime Telephone Nun	nber
Enclosed is a ch	eck for the	e following amount:			
■ \$25.00 Filin	g Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certi sed) Certi	D Filing Fee, ficate of Status & fied Copy ional copy is enclosed)
		NG ADDRESS:	STREET/ Registratio	COURIER ADDRESS	5:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O CREATE, LLC			
Company as it now appears on our recomited Liability Company)	cords.		
npany were filed on 12/07/2016	and assigned		
d liability company here:			
d Liability Company," the designation "	LLC" or the abbreviation "L.L.C."		
<u>SS)</u>	7. 2020 7. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		
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red office address on our reco	ords, <u>enter the name of the n</u>		
ss here:			
Enter Florida street address			
	, Florida		
City	Zip Code		
	Empany as it now appears on our reconstited Liability Company)  It pany were filed on 12/07/2016  It liability company here:  It Liability Company." the designation "  SS)  The designation of the designa		

## 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

$\mathbf{AMBR} = A$	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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			/A!D		
fective date, if other than the one effective date is listed, the date must	be specific and cannot be prior to o	late of filing or more than 9	(optional) 0 days after filing.	) Pursua	nt to 605.02
ote: If the date inserted in this blo cument's effective date on the De		e statutory filing require	ments, this date	will not	be listed
record specifies a delayed The 90th day after the reco		n effective time, at	: 12:01 a.m.	on the	earlier
SEPTEMBER 7	2020				
	<del></del> , <del></del>	•			

Page 3 of 3

Typed or printed name of signee

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