L17000001901

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COVER LETTER

Div	ision of Corpor	rations		
	Cilantro Creati	ons, LLC		
SUBJECT:		Name of Limite	d Liability Company	
The encioses	d Articles of Ar	icindment and too(s) are subm	ning in time	
Please return	n all correspond	ence concerning this matter to	the following:	
		Sen Khiev		
			Name of Person	
		Cilantro (Creations LLC Firm/Company	_
		4754 SW 80th Terrace		
			Address	
		Gainesville, FL 32608		
			Copyriane and Zip viole	
		Senker	o be used for future annual report notification	(op)
		E-mail address: (t	o be used for future annual report notificati	ion)
For further	information co	ncerning this matter, please ca	ill:	
Sen Khiev			at (<u>352) 214 - 19</u>	the G
	Name of	reison		
Enclosed i	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 conv is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy

MAILING ADDRESS: Registration Section Division of Corporations 1.0. Dog 6027 Tallahassee, FL 32314

• • •

TO:

Registration Section

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

Cilantro Creations, LLC		<u> </u>
(jyame of the Chaire)	d Liability Company of 15 page angulars in that record A Florida Limited Liability Company)	3,1
The Articles of Organization for this Limited Lia Florida document number L17000001901		
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of	() ()	
The new name must be distinguishable and contain the we	ords "Limited Liability Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applica		
(Principal office address MUST BE A STREE	T ADDRESS)	707
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	
		5.5
B. If amending the registered agent and registered agent and/or the new registered of	or registered office address on our recor ffice address here:	ds, <u>enter the name of the t</u>
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	**************************************
	. 1	Florida
	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 with 7.3 (i) 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 address or removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Citle</u>	Name	Address	Type of Action
AMBR	Sydney Meth	2905 NW 245th Linne, ISBN 1819. FL 32669	
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fective date, if other than the	date of filing:		(option	al)
in effective date is listed, the date mu ote: If the date inserted in this bi cument's effective date on the D	st be specific and cannot be pro- lock does not meet the appi department of State's record	is.	ore than 90 days after filing requirements, this di	ng.) Pursuant to 605.02 are will not be listed
record specifies a delaye The 90th day after the rec	d effective date, but i ford is filed.	not an effective (lime, at 12:01 a.r	n, on the earlier
August 9	2019			
ated August >	·		7	
		12,		
- —	Signature of a member of 21	myraso tehnomonis	e in a memoer	

Page 3 of 3

Filing Fee: \$25.00