

L17000015224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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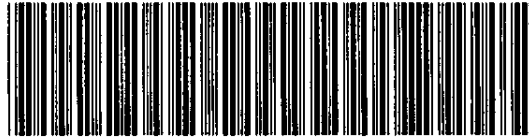
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY - 7 PM 1:36

M. MILLIGAN

MAY 11 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Creativity 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:

Patrick DiBernardi

Name of Person

Advanced Creativity LLC

Firm/Company

6869 Big Cypress Dr.

Address

Jupiter / FL 33458

City/State and Zip Code

pdibernardi3543@gmail.com

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

For further information concerning this matter, please call:

Chris DiBernardi

914 261-1189
at () _____
Area Code Daytime Telephone Number

Name of Person

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**

Advanced Creativity LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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10 MAY - 7 PM 1:36

The Articles of Organization for this Limited Liability Company were filed on January 23, 2017 and assigned
Florida document number L17000015224.

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 "LLC."

Enter new principal offices address, if applicable:

6869 Big Cypress Dr

(Principal office address MUST BE A STREET ADDRESS)

Jupiter FL 33458

Enter new mailing address, if applicable:

6869 Big Cypress Dr

(Mailing address MAY BE A POST OFFICE BOX)

Jupiter FL 33458

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

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	Chris DiBernardi	6109 C Durham Drive Lake Worth	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Chris DiBernardi		<input type="checkbox"/> Add
		6109 C Durham Drive Lake Worth	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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

5/2/2018

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

5/2/18

Typed or printed name of signee

SECRETARY OF STATE
DIVISION OF CONSOLIDATION
18 MAY -7 PM 1:36