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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: GOU DIME	Name of Limited Liability Company	
The enclosed Articles of Amendment and	d fee(s) are submitted for filing.	
Please return all correspondence concerns	ning this matter to the following:	
Tequ	ub Warker Name of Person	
Kre	eate Apparel LL	<u>C</u>
P.O.	BOX 220922 Address	7817 7817
West	Fum Beach, FL City/State and Zip Code	33422 P
<u>Kreat</u> e	E-mail addiress: (to be used fo) future annual report n	notification) > [1]
For further information concerning this m	matter, please call:	OW. 7 - 09
TEQUID Walker	at (501) 102 Area Code Day	3-7907 time Telephone Number
Enclosed is a check for the following amo	nount:	
□ \$25.00 Filing Fee □ \$30.00 Fil Certifica	lling Fee & S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	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

Name of the Limited Liability Compa (A Florida Limited I	iany as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 170010504.	y were filed on MO19, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab The new name must be distinguishable and contain the words "Limited Liabil	
Enter new principal offices address, if applicable:	2300 Palm Beach Lakes Blvd.
(Principal office address MUST BE A STREET ADDRESS)	Suite # 220
	West falm beach, FL 33404
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	P.O. BOX 220972 West falm Beach, FL 33472
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	office address on our records, enter the name of the new re:
Name of New Registered Agent:	
New Registered Office Address: 230	o Palm Buncy Lakes BLVD SUITE #22
	Enter Florida street address
West P	Palm Beach, Florida 33409
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the e performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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
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Nactive date if other than the date of filing:	i	(optional)	
ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be pri lote: If the date inserted in this block does not meet the appl	ior to date of filing or more the	an 90 days after filing.) Pursuant to 605.0	0207
ocument's effective date on the Department of State's record		differents, this date will not be fisice	u 43
e record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time,	, at 12:U1 a.m. on the earlie	er of
02/18/17			
Pated	·		
Signature of a member or au	monzeu representative of a r	встост	
lequila Walker			

Page 3 of 3

Filing Fee: \$25.00