L17000018200

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COVER LETTER

	istration Sec ision of Corp		.:		
SUBJECT:	Favorite Cre	ative, LLC	a e e e e e e e e e e e e e e e e e e e		
		Name of Limi	ited Liability Company		
The enclosed	d Articles of A	Amendment and fee(s) are subt	mitted for filing.		
Please return	all correspor	ndence concerning this matter	to the following:		
		Cinthia Lara			
			Name of Person		
			Firm/Company		
		1008 Cavanagh Ave.			
			Address		
		Lehigh Acres, FL 33971		201	
		cinthia@favoritecreative.com		2017 MAN TO	al armen
		E-mail address: (t	to be used for future annual report notific	cation)	1
For further in	nformation co	oncerning this matter, please ca	ill:		[
Cinthia Lara			704 840-2288 at ()	-	
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed is a	a check for th	e following amount:			
■ \$25.00 F	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

Favorite Creative, 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 $\frac{01/23/2017}{1}$ and assigned Florida document number _____17000018200 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip **Co**de

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
AMBR	Robert M. Michael	14229 SE Gattling Way	Add
		Prineville, OR 97754	■ Remove
			☐ Change
AMBR	Tyler Allen Voss	304 Twin Point Court	■ Add
		Union, MO 63084	_ □ Remove
			□ Change
			Remove
			Remove Change
	***		Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change

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Effective date, if other than the date of filing: (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 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be	— (—
Effective date, if other than the date of filing: (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	 505.020 isted a

Page 3 of 3

Filing Fee: \$25.00