11700019057

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200314898572

06/25/18--01014--033 **25.00



B FIGUEROA JUN 27 2018

COVER LETTER

Division of Con	rporations		
ABAJ INV	ESTMENTS2017,LLC		
50bjec1:	ESTMENTS 2017, LLC Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspondence	ondence concerning this matter to	o the following:	
	SONIA BORTOLIN		
		Name of Person	
	BORTOLIN & ASSOCIAT	TES,P.A.	
	-	Firm/Company	
	101 NE 3rd Ave., Suite 150	00	
		Address	
	Fort LauderdaleFL 33301		
	-	City/State and Zip Code	
	Sonia@BortolinAssociates	s.com be used for future annual report	natitionism)
For further information c	concerning this matter, please cal	·	Henrication
Sonia Bortolin		954 523-22	23
Name c	of Person	at () Area Code Da	ytime Telephone Number
Enclosed is a check for t	he 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:

TO:

Registration Section

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Li	ability Company as it now appears on our records.) orida Lunited Liability Company)			
(A F)	forida Lumited Liability Company)			
The Articles of Organization for this Limited Liabili	ty Company were filed on 01/24/2017	aı	id assign	ied
Florida document number L17000019057				
This amendment is submitted to amend the following	g:			
A. If amending name, <u>enter the new name of the</u>	limited liability company here:			
CREATING CONSULTING, LLC				
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC" or the	e abbreviati	on "L.L.C	.,*
Enter new principal offices address, if applicable			·	
(Principal office address MUST BE A STREET AI	ODRESS)	<u></u>		
		-	CON CON	
	***************************************	25 (3). LED	يخ	
Enter new mailing address, if applicable:		か ::- カ ::- カ ::-	(7)	may.
(Mailing address MAY BE A POST OFFICE BOX	·	71.0		———
walling many many many many many many many many		7.7	<u> </u>	- ;
		7: 3-		<u> </u>
B. If amending the registered agent and/or r	egistered office address on our records, ent	∵∵ er the n		the ne
registered agent and/or the new registered office :		CI THE II		tik ik
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:				
	Enter Florida street address			
	Florida			
	City		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 anyinding 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>	Name	Address	Type of Action
AMBR	DOLKA BELISARIO	10220 NW 63 Terr, Unit 222	■ Add
		Bldg. 7, Doral, FL 33178	□ Remove
			Change
			Remove
			Change
	_		
			☐ Remove
			□ Change
		□ Remove	
			☐ Change
		_	Add
			□ Remove
			☐ Change
		_	
			☐ Remove
			Change

		•	
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	
			20 18
			r
			_ <u>~</u>
		3) -	(J)
	· ,	<u> </u>	<u> </u>
		₩.5	<u> </u>
			22
		· · ·	
Affective date, if other than the date of filing: I an effective date is listed, the date must be specific and cannot be prior to date of	filing or more than 90 day	(optional) s after filing) Pursua	mt to 605-020
Note: If the date inserted in this block does not meet the applicable state document's effective date on the Department of State's records.	utory filing requirement	is, this date will no	t be listed :
The second of th			
e record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	fective time, at 12	:01 a.m. on th	e earlier
1 21 ST 2019	1 // 1		
Dated 1743 31 2018	1.1.1.1.1		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00