117000024817

(Reques	tor's Name)
(Address	s)
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(City/Sta	tte/Zip/Phone #)
PICK-UP	WAIT MAIL
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SECRETARY OF STATE

K. SALY FEB 1 6 2017

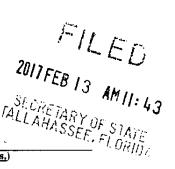
COVER LETTER

TO:	Registration Sec Division of Corp			
CUDU	CREATIVE			
SUBJ	ECT:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		BRETT KAPLAN		
		- · · · · · · · · · · · · · · · · · · ·	Name of Person	
			Firm/Company	
		4396 PASADENA CIR		
		<u> </u>	Address	
		SARASOTA, FL 34233		
			City/State and Zip Code	
		BRETTMKAPLAN@GMA		
			to be used for future annual report notific	cation)
For fu	rther information co	oncerning this matter, please ca	all:	
BREI	T KAPLAN		352 514-2477 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for th	ne following amount:		
■ \$2	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**



CREATIVE CRA LLC

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

articles of Organization for this Limited Liability Company were filed on 1/31/2017 and assigned				
Florida document number L17000024817				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
BREIT KAPLAN LLC				
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	64 SARASOTA CENTER BLVD			
(Principal office address MUST BE A STREET ADDRESS)	SARASOTA, FL 34240			
Enter new mailing address, if applicable:	64 SARASOTA CENTER BLVD			
(Mailing address MAY BE A POST OFFICE BOX)	SARASOTA, FL 34240			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	office address on our records, <u>enter the name of the name</u> :			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			
	City Zip Code			
New Degistered 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

<u>Name</u>	<u>Address</u>	Type of Action
		Add
		☐ Remove
		□ Add
		☐ Remove
		C C C C C C C C C C C C C C C C C C C
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		□ Change
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		Remove
		Add
		Remove

_ Change

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ne record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or The 90th day after the record is filed.	Pursuant to 605.0207 (3) Will not be listed as the
	on the earlier of:
Pated FEBRUARY 9 2017	
Dated	
Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00