

(Re	questor's Name)	
(Ad	dress)	
(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:		
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## **COVER LETTER**

Division of Corporations
SUBJECT: Filled Creative 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:
APril Johnson Name of Person  Filled CREATIVE LLC
Firm Company
1013 NE 208th Street
Miami FL 33179
City State and Zip Code  Plenty Prepa GMAIL Com  E-mail address. (to be used to future annual report notification)
For further information concerning this matter, please call:
APri L Johnson at 305 970-2433  Name of Person Area Code Daytime Telephone Number
Fuelosed is a check for the following amount:
S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status   S55.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (radditional copy is enclosed)   S60.00 Filing Fee, Certificate of Status & Certified Copy (radditional copy is enclosed)

## MAILING ADDRESS:

Registration Section

TO:

Registration Section Division of Cerporations 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 Comp (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 4713	were filed on $\frac{03/38/2017}{34}$ and assigned 34
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liable line new name must be distinguishable and contain the words. Limited Liab	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1013 NE 2084 Street Miami, PC 33179
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1013 NE 208th Street Miami, FC 3/3179
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he	office address on our records, <u>enter the name of the new</u> re:
Name of New Registered Agent:	
New Registered Office Address:	
	Emer Florula 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 tiled 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.

Cinv

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Name	Address	Type of Action
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				Remove
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an effecti <u>ote:</u> [f]	ite, if other than the date of filing: August 22018 (optional) date is listed, the date must be specific and cannot be prio (i) date of filing or infore than 90 days after filing.) Pursuant to 60 date inserted in this block does not meet the applicable statutory filing requirements, this date will not be likely feetive date on the Department of State's records.	05 020 sted a
recor The 90	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the ear day after the record is filed.	lier (
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(	Signature of a member or authorized representative of a member	

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Filing Fee: \$25.00