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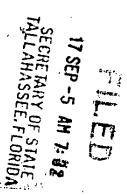
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TO:

COVER LETTER

Divisi	ion of Corp	orations	•		
SUBJECT:		CREAC	ION REAL, LLC	•	
		Name of Limi	ited Liability Company		
The enclosed A	Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please return a	ll correspon	dence concerning this matter	to the following:		
		JAII	RO M, CONTRERAS-L	OPEZ	
			Name of Person		
			CREACION REAL, L	LC	
			Firm/Company		<u> </u>
		11251 1	NW 20TH STREET SU	TTE 119	
			Address		
			MIAMI FL 33172		
		-	City/State and Zip Code		•
			contrerasjv@hotmail.co		
		E-mail address: (t	o be used for future annua	il report notificati	on)
For further info	ormation cor	ncerning this matter, please ca	d1:		
Ja	niro M, Cont	reras-Lopez	305 4	369702	
Name of Person		Area Code	Daytime Tel	lephone Number	
Enclosed is a c	heck for the	following amount:			
■ \$25.00 Fili	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is en		□ \$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

DocuSigh Envelope ID: 13FE755A-05E7-4C37-A7EC-E88BAC495C23 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

CREACION REAL, LLC		
(Name of the Limited Liability Company as it now appears (A Florida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Company were filed on	06/06/2017	and assigned
Florida document number L17000123601		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited Liability Company," the des	ignation "LLC" or the a	bbreviation "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)		
Thinng murts Nati Bish 1 Oct 11 Cl Box		
B. If amending the registered agent and/or registered office address on	our records, <u>enter</u>	the name of the new
registered agent and/or the new registered office address here:		ZS.
Name of New Registered Agent:	•	CRI LAI
		\$ 15 E
New Registered Office Address:	la street address	SR S
2.nes i toria		70 3 70
City	, Florida	Raip Code
New Registered Agent's Signature, if changing Registered Agent:	ير د د درمنده	SH N

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

DocuSign Envelope ID: 13FE755A-05E7-4C37-A7EC-E88BAC495C23 in amenuing Authorized rerson(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	Marisabel C, Caceres-Guerrero	11251 NW 20th Street Suite 119	□ Add
		Miami FL 33172	■ Remove
			Change
			□ Add
			Remove
			☐ Change
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. Effective d	late, if other than the date e date is listed, the date must be sp	of filing:	ot he prior to date o	f filing or more than	(option	i al) ling \ Pursu	ont to 60	5 0207 /
Note: If the	e date inserted in this block do s effective date on the Departn	es not meet t	he applicable sta	cutory filing requi	rements, this d	late will no	t be lis	ted as th
	specifies a delayed effe th day after the record is		but not an e	fective time,	at 12:01 a.ı	m. on th	e earl	ier of:
Dated	August 29	,	2017					
			DocuSigned by					
			martiera.	presentative of a mo				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00