

L17000174167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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17 OCT 24 PM 3:50

DIVISION OF CORPORATIONS

OCT 25 2017

# Creative Marketing Agency LLC

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1701 Green Road Suite C  
Deerfield Beach, FL 33064

October 18, 2017

Octavia Simmons  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Document Number: L17000174167**

Dear Ms. Simmons,

Please find enclosed the original submission returned by your office along with the new revised and corrected application. You have already received the application fee.

Please process the enclosed application accordingly. We appreciate your prompt time and attention towards this matter.

Respectfully,

Francis Zofay

FILED  
2017 OCT 24 AM 11:02  
TALLAHASSEE, FL 32314

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREATIVE MARKETING AGENCY 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:

ANTHONY KOGAN

\_\_\_\_\_  
Name of Person

ACTONY, INC.

\_\_\_\_\_  
Firm/Company

2424 NORTH FEDERAL HIGHWAY SUITE 411

\_\_\_\_\_  
Address

BOCA RATON, FLORIDA 33431

\_\_\_\_\_  
City/State and Zip Code

INFO@ACTONY.COM

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANTHONY KOGAN

561

843-0219

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:**  
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 MARKETING AGENCY 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 AUGUST 15, 2017 and assigned  
Florida document number L17000174167

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:

1701 GREEN ROAD SUITE C

(Principal office address MUST BE A STREET ADDRESS)

DEERFIELD BEACH, FLORIDA 33064

Enter new mailing address, if applicable:

1701 GREEN ROAD SUITE C

(Mailing address MAY BE A POST OFFICE BOX)

DEERFIELD BEACH, FLORIDA 33064

**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:

ACTONY, INC.

New Registered Office Address:

2424 NORTH FEDERAL HIGHWAY SUITE 411

*Enter Florida street address*

BOCA RATON

*City*

, Florida 33431

*Zip 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.*

ANTHONY KOBAN

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  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	HARTLEY, SAMANTHA	306 NW 1ST STREET #306	<input type="checkbox"/> Add
		Delray Beach, FLORIDA 33444	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AR Healthcare Holdings, LLC	1701 GREEN ROAD SUITE C	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL 33064	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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OCT 21 PM 3:50  
CLERK

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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OCT 24 PM 3:50  
DIVISION OF

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 18

2017

Signature of a member or authorized representative of a member

AR HEALTHCARE HOLDINGS, LLC

Typed or printed name of signee