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SECRETARY OF OKATION ON SECRETARY OF CORPORATION 31

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COVER LETTER

	Registration Sec Division of Corp			
er nare		ABLE CREATIVITY LLC		
SUBJEC	T:	Name of Limi	ted Liability Company	
The enclo	osed Articles of A	amendment and fee(s) are subr	nitted for filing.	
Please ret	urn all correspon	dence concerning this matter t	o the following:	
		RICHARD CEREZO		
			Name of Person	.
		UNTOUCHABLE CREAT	IVITY LLC	
		···	Firm/Company	
		530 SOUTH EOLA DR		
			Address	
		ORLANDO FL 32801		
			City/State and Zip Code	
		RICHIECEREZO1971@GN	MAIL.COM o be used for future annual report i	notification)
F F .1				ouncarony
For nurth	er information co	ncerning this matter, please ca	ш;	
RICHA	RD CEREZO		727 220-7188 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed	is a check for th	e following amount:		
■ \$25.0	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

UNTOUCHABLE CREATIVITY LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 8/25/2017	and assigned
Florida document number L17000181833		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liah	pility company here:	
N/A		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)	<u>~</u>	N.S.
	٦	
Enter new mailing address, if applicable:	<u>.</u>	
(Mailing address MAY BE A POST OFFICE BOX)		9 % n
maning numers may be at our ree body		<u> </u>
		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	,	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	

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 ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u> Title</u>	<u>Name</u>	Address	Lype of Actio
AMBR	STEPHEN M VALDES	12407 BLACKCMITH DR 102	Add
		ORLANDO FL 32837	Remove
			Change
			Add
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fective date, if other than t	he date of filing:	(optional)	
an effective date is listed, the date n	nust be specific and cannot be prior to da	tte of filing or more than 90 days after filing.) Purs statutory filing requirements, this date will t	uant to 605
	Department of State's records.	statutory iming requirements, this date with	ioi oc risi
e record specifies a delay The 90th day after the re		n effective time, at 12:01 a.m. on t	he earli
MAY 30	2018		
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Typed or printed name of signee

Filing Fee: \$25.00