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2018 APR -4 PH 12: 40
SECRETARY OF STATE
ALLAHASSEF, FINALE

Return address

2916 NW 55 aug Suite ZB Laudebill, FC33313

Dagtine Selephone nambr 95.4-822-7783

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:		DESIGN APPARELS LLC		
SUBJECT.		Name of Limi	ited Liability Company	
The enclose	d Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please retur	n all correspor	ndence concerning this matter	to the following:	
		MARVA RICHARDS		
		<u> </u>	Name of Person	
		CREATION DESIGN APP	PARELS LLC	
			Firm/Company	
	•	2916 NW 55 AVE, SUITE	2B	
			Address	
		LAUDERHILL, FL 33313		
			City/State and Zip Code	
		marvarichards63@att.net		
		E-mail address: (t	to be used for future annual report notifi	cation)
For further i	information co	oncerning this matter, please ca	all:	
MARVA R	ICHARDS		954 822 7786 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	a check for th	e 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

(Name of the Limited Liability Compan (A Florida Limited Di	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company vi Florida document number L17000256320	were filed on DECEMBER 15, 2017	_ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
CREATION DESIGN MERCHANDISE LLC		
The new name must be distinguishable and contain the words "Limited Liability	ty Company," the designation "LLC" or the abbre	viation "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)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here.		e name of the new
Name of New Registered Agent:		PR
New Registered Office Address:	Enter Florida street address	RRY OF
	, Florida	FS R T
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 added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			Remove
			☐ Change
			☐ Add
			□ Remove
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an effe <u>lote:</u> l	re date, if other than the date of filing:	irsuant to 6	 605.0207 isted as
The 9	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on 90th day after the record is filed.	the ea	rlier of
ited_	MARch 29 . 2018 Varue Richards Signature of a member or authorized representative of a member		

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Filing Fee: \$25.00