## 117000 261519

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions to Filing Officer:		

Office Use Only



000329395480

05/22/13 -01007--011 \*\*36.00



O SIMMONS

## **COVER LETTER**

TO: Registration S Division of Co	
JR16 CRE SUBJECT:	EATIVES LLC
SUBJECT.	Name of Limited Liability Company
The enclosed Articles of	f Amendment and fee(s) are submitted for filling.
Please return all correspo	ondence concerning this matter to the following:
	JAVIER OMAR REYES JR
	Name of Person
	Firm/Company 7943 Apple Blossom
	Address LAKEALAND FL, 33810
	City/State and Zip Code Javier@sundialcreatives.om
	E-mail address: (to be used for future annual report notification)
For further information c	concerning this matter, please call:
Javier Omar Reyes Jr	863 274-0828 at ( )
Name o	of Person Area Code Daytime Telephone Number
Enclosed is a check for t	the following amount:
□ \$25.00 Filing Fee	S55.00 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

JR16 CREATIVES 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 December 26, 2017 and assigned Florida document number \_\_\_\_\_L17000261519 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SUNDIAL CREATIVES LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbieviation "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 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: New Registered Office Address: Enter Florida street address

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being acor removed from our records</u>:

·MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
			Add
			☐ Remove
			:, : 🙃 □ Change
			Add Co
			Æ Remove
			at Hechange
			Add
			Remove
	- <del></del>	<del>,</del>	☐ Change
	<del></del>		
			Remove
			Change
			Remove

1		
		<del></del>
		Fig. 47
		<u>=</u>
<u></u>		i i i i i i i i i i i i i i i i i i i
		\$ 0 20
-		
ective date if other t	han the date of filing:	(optional)
effective date is listed, th	e date must be specific and cannot be prior to date of t	filing or more than 90 days after filing.) Pursuant to 605,020
	in this block does not meet the applicable statu on the Department of State's records.	story filing requirements, this date will not be listed a
		ective time, at 12:01 a.m. on the earlier o
he 90th day after	the record is filed.	
, May 17	2019	
ed		
_	From Studies	
	The state of the s	esentative of a member

Typed or printed name of signee

Filing Fee: \$25.00

Page 3 of 3