

L180000145592

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

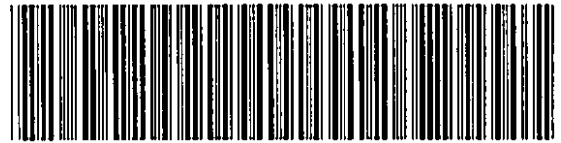
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S. PRATHER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 31, 2018

PAULA V. CARGILL-SIMON  
CREATORS EDGE, LLC  
16053 WILLOW BLUFF CT  
JACKSONVILLE, FL 32218

SUBJECT: CREATORS EDGE, LLC  
Ref. Number: L18000145592

We have received your document for CREATORS EDGE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot change the Authorized Person Detail on this form.

We are enclosing the proper form(s) with instructions for your convenience.

If you have any questions concerning the filing of your document, please call (850) 245-6900.

Stacy Prather  
Regulatory Specialist III

Letter Number: 018A00015742

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Creators Edge, 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:

Paula V. Cargill-Simon  
Name of Person

Creators Edge, LLC.  
Firm/Company

16053 Willow Bluff Court  
Address

Jacksonville, FL 32218  
City/State and Zip Code

CreatorsEdge. LLC@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paula V. Cargill-Simon at 912, 980-5557  
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)

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2018 AUG 23 AM 9:26

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

Creators Edge, LLC.

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

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AUG 23 10 3 21A

The Articles of Organization for this Limited Liability Company were filed on June 13, 2018 and assigned Florida document number Li8000145592.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Creators Edge, LLC.

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:

(Principal office address MUST BE A STREET ADDRESS)

16053 Willow Bluff Court  
Jacksonville, FL 32218

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

16053 Willow Bluff Court  
Jacksonville, FL 32218

**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:

Paula V. Cargill-Simon

New Registered Office Address:

16053 Willow Bluff Court

Enter Florida street address

Jacksonville

City

Florida 32218

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.*



**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 Manager	James E Simon	16053 Willow Bluff Court	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Natalhy N. Woods	16053 Willow Bluff Court	<input type="checkbox"/> Add
		Jacksonville, FL 32218	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

*Paul G. L.*  
Signature of \_\_\_\_\_

Paula V. Cargill-Simon  
Typed or printed name

Typed or printed name of signee

18 JUL 23 11:30 AM '63