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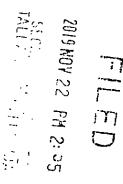
(Requestor's Name)
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(Document Number)
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COVER LETTER

SUBJECT:	Creek-Cros			
SUBJECT.		Name of Lim	ited Liability Company	
The encloses	d Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	i all correspo	indence concerning this matter	to the following:	•
		Laurie Chung-Avello		
		Name of Person Creek Crossing, LLC Firm/Company 9901 SW 87 Gt. Address Miami, FL 33176 City/State and Zip Code lavello@exclusivecg.com E-mail address: (to be used for future annual report notification) ormation concerning this matter, please call: Avello 786 at (
• •				
			Firm/Company	
		9901 SW 87 Ct.		
		Miami, FL 33176	Address	
		lavello@exclusivecg.com	City/State and Zip Code	
		E-mail address: (to be used for future annual report noti	fication)
For further is	nformation c	oncerning this matter, please ca	all:	
Laurie Chun	ig-Avello			
•	Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a	a check for th	ne following amount:		
■ \$25.00 Filing Fee			Certified Copy	Certificate of Status &

TO:

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

Creek Crossing, LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	Company as it now appears on our records. Limited Liability Company))
The Articles of Organization for this Limited Liability Co	ompany were filed on August 14, 2018	and assigned
Florida document number L18000193803	_•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		77.5
Principal office address MUST BE A STREET ADDRI	ESS)	19 TI
	***	12 i
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		2:55
B. If amending the registered agent and/or registered agent and/or the new registered office address.		enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	, Flor	ida
	City	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>	Type of Action
AMBR	Laurie Chung-Avello	9901 SW 87 Ct. Miami, FL 33176	Add
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			Change
			☐ Remove
		<u> </u>	
			□ Add
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			Signatu	re of a me	ember or au	thorized ren	esentative	of a member	·····		
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Filing Fee: \$25.00