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S. YOUNG

COVER LETTER

TO: Registration So Division of Cos		_	
SUBJECT:C	ZEATIVE C	ASH Home	ESSYNDICATE
	, , , , , , , , , , , , , , , , , , ,	med diability company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondence	ondence concerning this matter	to the following:	
	BUTLE	Name of Person	CAR
	CREATIVE	E CASH HO Firm/Company	MES SYNDICATE
	2649 CIEV	YELAND STREE	<u> </u>
	Hollywoo	ON F/33020 City/State and Zip Code)
	INFOOCR E-mail address: (EATINE CAS HHOMES . Le to be used for future annual report noti	Com fication)
For further information c	concerning this matter, please c	all:	
BUTLER: Name o	J. DURDSCAR of Person	at (<u>786</u>) <u>531</u> -	e Telephone Number
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fer & 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)
Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREATIVE CASH FlomES SYNDICATE LCC 23

(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 Florida document number L18060 201638

This amendment is submitted to amend the following:

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

	If Changing Registered Agent, Signature of	f New Registered Agent
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of my duties, an ent as provided for in Chapter 605, i	d I am familiar with an F.S. Or, if this documen
New Registered Agent's Signature, if changing Registered	Agent:	
	City . P R	orida Zip Code
	r:L	
New Registered Office Address:	Enter Florida street addres.	· · · · · · · · · · · · · · · · · · ·
Name of New Registered Agent:		
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		, enter the name of t
(Mailing address MAY BE A POST OFFICE BOX)		F1 53000
Enter new mailing address, if applicable:	2649 CIEU 140114WOOD,	ELAND STA
(Principal office address MUST BE A STREET ADDR.	ESS) HOllywood,	F133020
Enter new principal offices address, if applicable:	2649 CLEVE HOLLYWOOD,	ELAND STREE

	Authorized Person(s) authorized to mana from our records:	ige, enter the title, name, and address of each	person bein
MGR = Ma AMBR = Au	anager athorized Member		1
<u>Title</u>	Name	Address	Type of Ac
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		Holly wood, F133020	Remove
			G Change
AMBR	SHIMPON DULIEPRE	455 NE 164 ST	B -700d
		MIAMI, F133162	🗆 Remove
			Change
Mbr	DANIEL WHILMARSI	4 2642 GRANT ST	
		Hollywood, F1 3302	0 TKemove
			│ □ Change │

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