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Certified Copies	Certificates of	Status
Special Instructions to	o Filing Officer:	
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COVER LETTER

Division of Cor	porations				
	myo Troo Cro	125 11 C			
SUBJECT:	rove Tree Cre	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	Shaun	a Hamilton			
		Name of Person			
	Grove Tre	e Creatives, LLC			
		Firm/Company			
	5230 NI	D177+175+.			
		Address		;~? <u>.</u>	
	~	C 2.3604		-	. 1
	Starke	FL 32091 City/State and Zip Code			
				د	
		provetree creative.com			
	E-mail address: (to be used for future annual report notifi	cation)	₹.	
For further information co	oncerning this matter, please ca	all:		. 길	
Shausa	Hamilton	267 707	ኒጵገ ጵ	, •	
Name of		at (352) 283 -	Telephone Number	_	
Name of	reison	Area Code Daytine	retephone Number		
Enclosed is a check for th	, -				
□ \$25.00 Filing Fee	☑ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing F		
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of S Certified Copy		
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31.11.1	NC ADDRESS.	erdeerwyndde	'D ANDDECC.		

MAILING ADDRESS:

TO:

Registration Section

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

	reatives, LLC	
(Name of the Limited (A	Liability Company as it now appears on e Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liabi		1 18 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company here:	
Grove Tree Creative	LILLC	
The new name must be distinguishable and contain the word	s "Limited Liability Company," the designa	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicabl	e:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		~ <u>}</u>
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or registered agent and/or the new registered office	<u></u>	records, enter the name of the new
		. -
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida st	raat address
	Line i winds.	
_	City	, Florida 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>	Address	Type of Action
			Add
			Remove
			Change
			□ Add
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•	ecifies a delayed effecti ay after the record is fi		effective time, at 12:01	a.m. on the earlier o
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Typed or printed name of signee

Filing Fee: \$25.00