# L18000292604

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	DT CREAT		
	Name of Limit	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please return all correspon	idence concerning this matter t	o the following:	
	Daniella	Name of Person	
	DT CREA	TIVE LLC	
		Firm/Company	
	19300 N	E 8+4 CT Address	
		Address	
	MIAMI.	FL 33179	
		FL 33179 City/State and Zip Code TCREATIVE. CO	
	timace e Di	CREATIVE. CO	
and the second second			
For further information co	neerning this matter, please cal	III @ (954) 29b 1	460
Daniella T	urchin		-1410
Name of	Person	Area Code Dayti	me 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)

#### 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

DT Creative L		ande )
( <u>Name of the Limited Liability Compar</u> (A Florida Limited L	iability Company)	0( <u>us.</u> )
The Articles of Organization for this Limited Liability Company  Florida document number 418000 292604	were filed on 12/21	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
	\	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		19
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		MAR 28 AN III 30
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		rds, <u>enter the name of the</u>
Name of New Registered Agent:		
New Registered Office 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

Enler Florida street address

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> Name <u>Address</u> Type of Action MGR Kerin Turchin 19300 NE SH CT -Add Micni, FL 33179 Remove \_\_\_\_\_ Change MGR Daniella Turchir 19300 NE 8+4 CT XAdd Miani, FL 33179 Remove \_\_\_ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add \_□ Change

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Filing Fee: \$25.00