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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Creativity Effect, 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:	
Kyle Koswta	
Name of Person	
(conjudy Effect	
Firm/Company	
657 Minnesota Auc	
Address	
City/State and Zip Code	
1/ \ \ \ \ \ -	10 .m
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	1-7 (F-7-7)
Kyle Korzota 31,890, 974-4439	
Name of Person Area Code Daytime Telephone No	umber STATE SO STATE
	5 To To
Enclosed is a check for the following amount:	ζō.
Certificate of Status Certified Copy Cer (additional copy is enclosed) Cer	00 Filing Fee. tificate of Status & tified Copy itional 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

(Seativity (SF	ect, LLC
(Nume of the Limited Liability Compa- (A Florida Limited I.	ny as it now appears on our records.) hability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 18/19 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company "the decimation "[] C" or the abbraviation "[] C"
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	274 Obodrew Chae orlando, fl 32004
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	274 Dubridgend Circle alando, F1 32804
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Kuren	~ ~ ` ` `
New Registered Office Address:	Frier Florida street address
Man	10 Florida 32804
	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

__ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person-being added or removed from our records:

	uthorized Member	A.44	Transcar A attach
<u>Title</u> MA	Name Kyle Korrata	Address 697 Minnesota Auc	Type of Action □ Add
	J	Winter Pull, FI 12784	Remove
			□ Change
			□ Remove
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			🗆 Remove
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			☐ Remove
			Change
	.		Add
			□ Remove

lan e	tive date, if other than the date of filing:
	11'the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e90th day after the record is filed.
atec	3/26/1a
raice	Kul. Kanto
	Signature of member or authorized representative of a member
	Lyre Koswta
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00