49000014438

(Requestor's Name)
(Address)
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amend/ Name Change

JAN 1-1 2021

D CUSHING

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPO	RATION: Kri8ed Visuals			
DOCUMENT NUM	1.19000014438			
The enclosed Articles	of Amendment and fee are so	abmitted for filing.		
Please return all corre	spondence concerning this ma	atter to the following:		
	Jean Laurenceau			
		Name of Contact Perso	n	
	Kri8ed Visuals			
	·	Firm/ Company		
	1801 NE 123rd St Suite 314	- r -		
		Address		
	North Miami, Fl 33181			72 to
		City/ State and Zip Coc	le	20 OEC
inti	o@kri8edmediagroup.com			\sim
	= '	(to be used for future annua	al report notification)	
	.s	(to be upta in initial and initial	· · · · · · · · · · · · · · · · · · ·	3
For further informatic	on concerning this matter, plea	ise call:		AM 8: 28
Jean Laurenceau		at (<u></u>	399-8214	۽ بيد.
Name	of Contact Person	Area Co	ode & Daytime Telephone Number	
Enclosed is a check to	or the following amount made	payable to the Florida Dep	eartment of State:	
□ \$35 Filing Fee	□\$43,75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Mailing Add Amendment Division of O P.O. Box 63 Tallahassee,	Section Corporations 27	Divisio The Co	i dment Section on of Corporations entre of Tallahassee S. Monroe Street, Suite 810	

Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 11, 2020

JEAN LAURENCEAU KRI8ED VISUALS LLC 1801 NE 123RD ST., SUITE 314 NORTH MIAMI, FL 33181

SUBJECT: KRI8ED VISUALS LLC Ref. Number: L19000014438

We have received your document for KRI8ED VISUALS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00025027

Diane Cushing Senior Section Administrator

www.sunbiz.org

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Kri8ed Vis	uals 28 offe
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number 11900014438.	were filed on $\frac{1/14/2019}{}$ and assigned $\frac{3}{}$
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Kri8ed Madia Group LLC The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	12355 IVE 13+h Ave STE 400 A IVarth Miami, Fl 33161
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12355 IVE 13th Ave STE 400 A North Miani, [1 33161
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address: 1235 C	VE 13th Ave STE 400A Enter Florida street address
_North	Miani Florida 3316/ City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	Cop code

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
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
•	
•	
•	
Note:	ive date, if other than the date of filing:
f the reco ecord is f	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	12/23 . 2020.
	Signature of a member or authorized representative of a member
	Tean Laurenceau Typed or printed name of signee
	Typed or printed name of signee