

L190000 28645

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

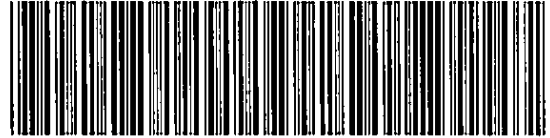
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 JUN -6 A 6:36
D SCOTT
JUN 20 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Creatively Obsessed 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:

Brendan Fife

Name of Person

creatively obsessed LLC

Firm/Company

17220 NW 64th Ave. Apt. 111

Address

Hialeah, FL 33015

City/State and Zip Code

creativelyobsessedLLC@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brendan Fife

Name of Person

at (808)

Area Code

202-4445

Daytime 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

FILED
2003 JUN -6 A 10:30
Filing

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Creatively Obsessed LLC

(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 Jan. 28, 2019 and assigned Florida document number L19000028645.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability 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)

17220 NW 64th Ave.

Apt. III

Hialeah, FL 33015

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

17220 NW 64th Ave.

Apt. III

Hialeah, FL 33015

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

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

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Hanna Fife	129 SE 16th Ave	☐ Add
		Apt. M202	☒ Remove
		Gainesville, FL 32601	☐ Change
MGR	Brendan Fife	129 SE 16th Ave	☐ Add
		Apt. M202	☒ Remove
		Gainesville, FL 32601	☐ Change
AMBR	Hanna Fife	17220 NW 64th Ave	☒ Add
		Apt. III	☐ Remove
		Hialeah, FL 33015	☐ Change
AMBR	Brendan Fife	17220 NW 64th Ave	☒ Add
		Apt. III	☐ Remove
		Hialeah, FL 33015	☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D: If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Amending Business Address.
Both principal office and mailing address:
17220 NW 64th Ave.
Apt. III
Hialeah, FL 33015

2019 JUN -6 A 11:36
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E. Effective date, if other than the date of filing: _____ (optional)

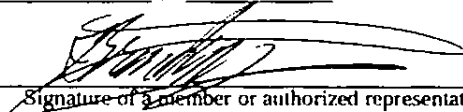
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated June 1, 2019


Signature of a member or authorized representative of a member

Brendan Fife

Typed or printed name of signee