L190000 65220

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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kwa ge' creatives 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:
Benjamin Sar Name of Person
Sar creative agency firm/Company
387 NE 70th St Address
Miami FL 33138 City/State and Zip Code Soccossity & One 2014 (Sepansity) Comp
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Benjamin Sar at (973) 444 - 3817 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
The Articles of Organization for this Limited Lia Florida document number <u>L190000 65</u>	bility Company were filed on <u>03/07/201</u> 5	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of the Sav Creative Age	the limited liability company here: ency LLC ords "Limited Liability Company," the designation "LLC" or	2020 U
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the designation "LLC" or	the abbreviation L.L.C.
Enter new principal offices address, if applical	ble:	0
(Principal office address MUST BE A STREET	ADDRESS)	7
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B	<u></u>	
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:	Benjumin Bobby Sar JR	
New Registered Office Address:	387 NE 70th St Enter Florida street address	
	Migm, Florid	a33138

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>	Type of Action
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ffective date, if other an effective date is listed, thought of the date inserted ocument's effective date	ne date must be specif in this block does	fic and cannot be prion not meet the applic	r to date of filing or more cable statutory filing		filing.) Pursuant to 6	
record specifies a delaye is filed.	ed effective date, bu	ut not an effective t	ime, at 12:01 a.m. or	the earlier of: (b)	The 90th day af	fter the
ated 01/13/20	9	,	orized representative o			
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