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11/24/20

COVER LETTER

TO: Registration So Division of Cor			
SUBJECT:Pu	re Kreativity Name of Lim	L. L. C. inted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Diantre	Butter Name of Person	
		reativity L.L.C.	
		Niagara Aveny	
•	Tampa,	Florida 33617 City/State and Zip Code	
		10 gmail . Com to be used for futur; annual repor	
For further information c	oncerning this matter, please ca	all:	
	Butler	at (813) 57 Area Code Da	O - 2084 Oytime Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy radditional copy is enclosed)

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**

FILED

(Name of the Limited Liability Compa (A Florida Limited I	2020 OCT 19 PM 4: 36 ny as 11 now appears on our records.) Liability Company) SECRETARY OF STATE TALL A LARGE TERMS
The Articles of Organization for this Limited Liability Company	were filed on Mach 11, 2019 and assigned
Florida document number <u>L 1 9 0 0 0 6 8 6 7 1</u> .	and assigned
·	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7889 Niagara Avenue
(Principal office address MUST BE A STREET ADDRESS)	7889 Niagara Avenue Tampa, FL 33617
Enter new mailing address, if applicable:	P.O. Box 292266
Mailing address MAY BE A POST OFFICE BOX)	Tampa, FL 33687
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new regist
_ _ ,	
Name of New Registered Agent:	
New Registered Office Address:	Emer Florida street address
•	
·	, FloridaZip Code

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

Title	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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