

L19 0000 77Z12

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

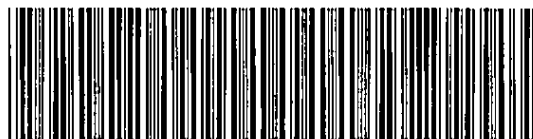
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700329569667

05/31/19--01018--026 \*\*25.00

FILED

19 MAY 31 PM 12:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



JUN 18 2019

TECHRECORDER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: CREATIVESTUDIO, 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:

JENNIFER L DI PIETRO

Name of Person

CREATIVESTUDIO, LLC

Firm/Company

17444 SW 138 CT

Address

MIAMI, FL 33177

City/State and Zip Code

INFO@CREATIVESTUDIOPARTY.COM

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

For further information concerning this matter, please call:

JENNIFER L DI PIETRO

305 450-0332  
at ( )

Name of Person

Area Code

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

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

CREATIVESTUDIO, 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 03-19-2019 and assigned  
Florida document number L19000077212.

This amendment is submitted to amend the following:

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

CREATIVE STUDIO PARTY RENTAL, LLC

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:

17444 SW 138 CT

(Principal office address MUST BE A STREET ADDRESS)

MIAMI, FL 33177

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

FILED  
 MAY 31 PM 12:38  
 19  
 STATE OF CALIFORNIA  
 COUNTY OF SAN DIEGO  
 CLERK OF SUPERIOR COURT  
 JAIL #1143 STE. 11 GND FL

19 MAY 31 PM 12:31  
LEGATION OF STATE  
TALLAHASSEE, FLORIDA

FILED  
19 MAY 31 PM 12:31  
RECORDS SECTION  
TALLAHASSEE, FLORIDA

(b) The 90th day after the record is filed.

Dated MAY 28. 2019

Signature of a member or authorized representative of a member

JENNIFER L. DIPICCO  
Typed or printed name of signee