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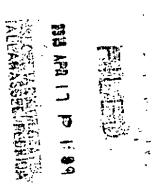
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: Confe	Hi and Creativity	by LLC ed Liability Company	
	Amendment and fee(s) are subm		
Please return all correspon	ndence concerning this matter to	o the following.	
	Andrew Nels	sn	
		Name of Person	
	Confetti and	Name of Person  Creativity LLC Firm/Company	
	_	Firm/Company	
	1840 Meadow	gold Lane	
	Winter Park	FL 32792 City/State and Zip Code	
	confettiand Co	extivity Egnail Com	
	E-mail address: (f	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	ail:	
Andrew N	elson	at ( <u>407</u> ) <u>637-79</u> Area Code Daytime	<b>43</b>
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he 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. Poy 6327

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(onfetti a	nd Creativity LLC	
(Name of the Limite	ed Liability Company as it now appears on (A Florida Limited Liability Company)	our records.)
		CONTRACT   1 mm. 1 m. A.A.
The Articles of Organization for this Limited Li	ability Company were filed on 3	TABLE HASSING AND ASSIGNED
		TALEAR KSCHOOLERSHITA
lorida document numberL_190000 80	<u> </u>	401
his amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
he new name must be distinguishable and contain the w	ords "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)	BOX)	
B. If amending the registered agent and registered agent and/or the new registered o	or registered office address on office address here:	ur records, <u>enter the name of the r</u>
Name of New Registered Agent:	Megan Nelson	
New Registered Office Address:	Megan Nelson 1840 Mondowydd L	street address
	winter Park	, Florida <b>_3279 2</b>

#### 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>	Address	Type of Action
AMBR	Megan Nelson	1840 Meadowgold Lare	<b>I</b> Add
		1840 Meadowgold Lare Winter Park, FL 32792	☐ Remove
			Change
			Add
			Remove
		****	☐ Change
<del></del>			
			☐ Remove
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The 90t	h day after t	delayed effect the record is	filed.				a.m. on the	earlier o
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Filing Fee: \$25.00