

L190000 89 445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

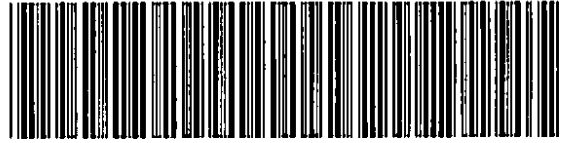
(Business Entity Name)

(Document Number)

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20 JAN -3 AM 8:15
STATE OF MISSISSIPPI
DEPARTMENT OF REVENUE

JAN 31 2020
C McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

RECEIVED
TALLAHASSEE, FL
20 JAN -3 AM 8:15

SUBJECT: Bleeding Ink Creatives
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:

Kilene Williams
Name of Person

Bleeding Ink Creatives
Firm/Company

3721 SW 160 Avenue # 201
Address

VIRAMAR, FL 33027
City/State and Zip Code

bleedinginkcreatives.ki@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kilene Williams at (954) 261-7660
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

RECEIVED
DIVISION OF CORPORATE & FINANCIAL SERVICES
20 JAN -3 AM 8:15

Bleeding Ink Creatives

(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 April 1, 2019 and assigned Florida document number L 190000 89445.

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:

3721 SW 160 Avenue # 201
MIRAMAR, FL 33027

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3721 SW 160 Avenue # 201
MIRAMAR, FL 33027

(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: _____

3721 SW 160 Avenue # 201 ~~SA~~
Enter Florida street address
MIRAMAR Florida FL 33027
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

Title Name Address Type of Action

VP Imani Hines 3721 SW 1160 Ave # 201 Add
MIRAMAR, FL
33027 Remove

_____ Change

Secretary Imani Hines 3721 SW 1160 Avenue # 201 Add
MIRAMAR, FL 33027 Remove

_____ Change

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