

L190000 89 445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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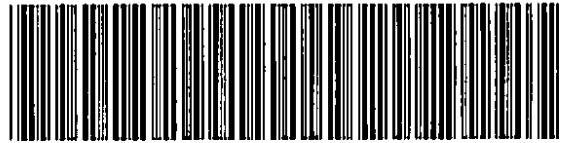
(Business Entity Name)

(Document Number)

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FILED  
SECTION OF COURT REPORT  
20 JAN -3 AM 8:15

JAN 31 2020  
C McNAIR

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Bleeding Ink Creatives  
Name of Limited Liability Company

RECEIVED  
20 JAN -3 AM 8:15  
REGISTRATION SECTION

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

Name of Person

at ( 954 ) 261-7660

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**

Bleeding Ink Creatives

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

DIVISION OF CORPORATE & STATUTE  
20 JAN -3 AM 8:15

The Articles of Organization for this Limited Liability Company were filed on April 1, 2019 and assigned Florida document number L 19000089445.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

3721 SW 160 Avenue #201  
MIRAMAR, FL 33027

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

3721 SW 160 Avenue #201  
MIRAMAR, FL 33027

**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

*City*

Florida

FL

*Zip Code*

33027

**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**

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

\_\_\_\_\_ ☐ Add

\_\_\_\_\_ ☐ Remove


\_\_\_\_\_ ☐ Change

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

  
Signature of a member or authorized representative of a member

Kilene Williams  
Typed or printed name of signee