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COVER LETTER

TO: Registration Division of C	Corporations		* •			
SUBJECT:	9045 \$ C	.0 LLC				
30b/ECT:	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corre	spondence concerning this matter	to the following:				
	2010,	RACHEL D Name of Person				
	9045	Si CO LLC Firm-Company				
	 	Firm Company				
	11797 SN	93 RD TERRACE	ie,			
	MIAM	City/State and Zip Code	33186			
	· = - · · · · · · · · · · · · · · · · ·	City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·			
		ROJO @ 6MAIL				
annona to c		to be used for future annual report is	tilication)			
	n concerning this matter, please c					
PACHEL	POJO e of Person	a1(413) 25	0.5012			
Nam	e of Person	Area Code Dayti	me Telephone Number			
	r 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 Add		Street Address:				
Registration Section		Registration Section				
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee			
Tallahassee		2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9045 \$ CO	LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	ny as it now appears on our records.) Lability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>LI900094895</u>	were filed on 04 05 /2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile PO) O CREATIVE CONSULT! The new name must be distinguishable and contain the words "Limited Liability".	NG LLC
Enter new principal offices address, if applicable:	SAME AS ON FILE
(Principal office address MUST BE A STREET ADDRESS)	
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 here: Name of New Registered Agent:	SAME AS ON FIVE ddress on our records, enter the name of the new registered AS ON FIVE
New Registered Office Address:	
	Enter Florida street address , Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office accompany has been notified in writing of this change.	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

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: SAME AS ON FILE! MGR = Manager AMBR = Authorized Member Title **Name Address Type of Action** _ □Add ____ □Remove ____ □Change _____ □Add _____ □Remove _____ □Change _____ DRemove _____ 🗀 Add __ □ Remove _____ Change □Add _____ □ Remove _____ □Change _____ □Add _ □Remove _____ □Change

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Filing Fee: \$25.00