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Special Instructions to I	Filing Officer:	
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Office Use Only



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## **COVER LETTER**

TO:

Registration Section Division of Corporations

CREATIVE	CONCEPTILC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MAJID SARMAST		
		Name of Person	
	13309 FOX GLOVE STRE	Firm/Company	
	15509 FOX GLOVE STRE	Address	
	WINTER GARDEN, FL.		
	MSARMAST@MAC.COM		
		to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	407 9206662	
Name o	f Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for th	ne 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 Addres Registration S Division of C	Section orporations	Street Address: Registration Sc Division of Co	rporations
P.O. Box 632 Tallahassee, l		The Centre of 7 2415 N. Monro	Fallahassee be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited</u>	<u>l Liability Comp</u> A Florida Limited	any as it now appears on our Liability Company)	records.)		
The Articles of Organization for this Limited Lia Elorida document number		y were filed on		and assig	gned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited lial	bility company here:			
BLANCILC					
The new name must be distinguishable and contain the wor	rds "Limited Liab	ility Company," the designation	on "LLC" or the abbrev	ation "L.L.	.C."
Enter new principal offices address, if applical	ble:	N/A		, 20	
(Principal office address MUST BE A STREET ADDRESS)				27 (	المسافقة
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			-	1	y Blakers g
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		N/A		<i>:</i>	<b>4 3</b> 3
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Muning manyess M. II BE /II OST OFFICE B	<del>(). ()</del>			٦٦٠	
B. If amending the registered agent and/or registered office address		address on our records.	enter the name of	the new	regist
Name of New Registered Agent:	N/A				
New Registered Office Address:	N/A				
Con respuested Office Francisco.		Enter Florida stree	t address		
			, Florida		
		Cuv	<u> </u>	ip Code	

New Registered Agent's Signature, if changing Registered Agent:

CREATIVE CONCEPT LLC

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>	Type of Action
	N/A		
			□ Add
			□Remove
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Effective date, if other than the If an effective date is listed, the date mus <b>Note:</b> If the date inserted in this ble	ock does not meet the ap	plicable statutory ti	(option of the control of the contro	onal) filing.) Pursuant to 605.0207 ( date will not be listed as th
document's effective date on the Do	epartment of State's reco	ords.		
ne record specifies a delayed effective ord is filed.	e date, but not an effecti	ve time, at 12:01 a.i	n, on the earlier of: (b	) The 90th day after the
JULY 27	2022			
Dated				
	<i>^</i>	0.1		
. /	Landing Contra	1 1 X T		
	Majid Saw Signature of a member or	authorized representat	ive of a member	