## L19000139492

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	





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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC		CO OPERATIONS LLC		
Subsec		Name of Lim	ited Liability Company	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ren	urn all correspo	ondence concerning this matter	to the following:	
		TYLER CROWE		
			Name of Person	<del></del>
		MAGNIFICO OPERATIO	ONS LLC	
			Firm/Company	71
		7901 4TH ST N STE 300		
			Address	
		ST. PETERSBURG, FL 3.	3702	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		sos11@wcgurl.com		
		E-mail address: (	to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please co	all:	
TYLER (	CROWE		719 387-9800	
	Name o	f Person	Area Code Days	me Telephone Number
Enclosed	is a check for th	he following amount:		
<b>■</b> \$25.0	0 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

MAGNIFICO OPERATIONS LLC		
( <u>Name of the Limited Lial</u> (A Flo	hility Company as it now appears on our record rida Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability	v Company were filed on MAY 23, 2019	and assigned
Florida document number 1.19000139492	·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
CROWE CREATIVE WORKS LLC		
The new name must be distinguishable and contain the words "I	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 AD	DRESS)	<u>~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ </u>
		119 TAC
		5 5 7
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		22 PH
		, N [m]
B. If amending the registered agent and/or reg		. 3,
registered agent and/or the new registered office a	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
. To regime a only runes.	Enter Florida street addres	`
	Fla	orida
	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	

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			☐ Change
<del></del> _			
			Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□ Remove
			□ Change
		<del></del>	□ Remove
			☐ Change

he 90th day after the rec			,	
record specifies a delayed		t not an effective t	ime, at 12:01 a.m. on	the earlier
ument's effective date on the De				
effective date is listed, the date mus te: If the date inserted in this bl	t be specific and cannot be ock does not meet the ap	prior to date of filing or m oplicable statutory filing	ore than 90 days after filing ) Put	rsuant to 605.02 not be listed a
ective date, if other than the	date of filing:		(optional)	
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Typed or printed name of signee

Filing Fee: \$25.00