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(((H190003121473)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : NEW START BUSINESS SOLUTIONS INC

Account Number : I20130000079 : (305)804-1047 Phone

Fax Number : (866)767-7835

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: CREATIVE DESING L AND D LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(((H19000312147 3)))

		***	***
CREATIVE DESIGN L AND DILLC			
(Name of the Limited Liability (A Florida L	Company as it now appears	on our records.)	
,,,,,,,,, <u>,,</u>	imited Entantly Confiancy		
The Articles of Organization for this Limited Liability Con	npany were filed on	18/2019	and assigned
Florida document number L19000236024			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company her	<u>-e</u> :	
The new name must be distinguishable and contain the words "Limited	d Liability Company," the de-	signation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			7,1 = -7 , F 1 = 1
Principal office address MUST BE A STREET ADDRE.	<u>SS)</u>		
		- F- 7	<u>. </u>
		75 V	,—,
Enter new mailing address, if applicable:		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		33	<u>'</u>
	,	r ² .	i i
		, , , , , , , , , , , , , , , , , , ,	
3. If amending the registered agent and/or register		, ,	
registered agent and/or the new registered office addres	<u>s aere</u> :	3**	7
Name of New Registered Agent:	 		···
New Registered Office Address:			
New Registered Office Address:	Enter Floria	ki street address	
New Registered Office Address:		ka street address Florida	Zip Code

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

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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 (((H190003121473)))

Title	<u>Name</u>	<u>Address</u>	Type of Action
Р	LISSET J QUINTANA	64 W 29 ST	Add
		HIALEAH, FL 33012	■ Remove
			☐ Change
AMBR	LISSET J QUINTANA	64 W 29 ST	■ Add
		HIALEAH, FL 33012	П Rсточе
			Change
VP	DOUGLAS R GUZMAN	64 W 29 ST	
		HIALEAH, FL 33012	■ Кепюче
			□ Change
			□ Add
			Remove
			□ Change
			Add
			Remove
			☐ Change
			Remove
			Change

am: Hector Rodriguez	Fax: 18667677835	To: Sunbiz LLC	Fax: (850) 617-6383	Page: 4 of 4	10/21/2019 8:10 PM
D. If amending	any other informa	etion, enter change(s) her	re: (Attach additional shee (((H1	ets, if necessary.) 9000312147 3))))
					
					 -
					
		-			
					
				<u></u>	
(If an effective di <u>Note:</u> If the c	ate is listed, the date mus late inserted in this bl	date of filing: the specific and cannot be prior ock does not meet the applic epartment of State's records.	to date of filing or more than 90 able statutory filing requirer	(optional) I days after filing.) Pursua ments, this date will no	unt to 605 0207 (3)(1 of he listed as the
	pecifies a delayed day after the rec	l effective date, but no ord is filed.	t an effective time, at	12:01 a.m. on the	e earlier of:
Dated	BER 21	, 2019	·		
	'isset J Qu	cintana Signature of a member or autho	orized representative of a ment	er	****
(1	SSET J QUINTANA				

Page 3 of 3

Typed or printed name of signee

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