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## **COVER LETTER**

	gistration Sect dsion of Corp		·				
	KREATIVE	GIRLS. LLC					
SUBJECT:		Name of Lim	ited Liability Company				
The enclosed	d Articles of A	mendment and fee(s) are sub	mitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		TAWANNICA K GANT					
			Name of Person		-		
		KREATIVE GIRLZ, LLC					
			Firm/Company	<del></del>		2021	
		12403 CADLEY CIR				2021 N.S.R	and a
		<del></del>	Address			8	) }
		JACKSONVILLE FL 322	19		1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	PH 3: 10	a.
			City/State and Zip Code		- 123	<u>بب</u>	
		KREATIVEGIRLZ1@GM.	AIL.COM to be used for future annual report notifi	ication)	·i	0	
For further i	nformation cor	neerning this matter, please co	·	icanon,			
TAWANNI	CA K GANT		904 673-8598				
	Name of I	Person	Area Code Daytime	Telephone Number	r		
Enclosed is	a check for the	following amount:					
□ \$25.00 l	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Statu		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kreative Girls, LLC		
(Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our reco Liability Company)	<u>rds.</u> )
he Articles of Organization for this Limited Liability Company	were filed on 9/23/2019	and assigned
lorida document number 1.19000239465		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
reative Girlz, LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LI	LC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	12403 Cadley cir	20%
Principal office address MUST BE A STREET ADDRESS)	STE A	= "5]
	Jacksonville FL 32219	
		ු ද ික්ඛ
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	,	<del>- ''`                                  </del>
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. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>ente</u>	er the name of the new regi
Name of New Registered Agent:		
New Registered Office Address:	5 57 11	
	Enter Florida street addr	588
		Florida
	City	Zin 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>	Name	Address	Type of Action
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in effective da	te is listed, the date inserted in	ate must be spec	ific and cannot	be prior to da	te of filing or n	ore than 90 da	vs after f	iling.) Pu	irsuant to	605,020
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Typed or printed name of signee