## L19000297490

(Requestor's Name)
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(Address)
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(City/State/Zip/Phone #)
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## COVER LETTER

TO: Registration So Division of Co		· ·	·	
CREAMFI	EED LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
	INCFILE.COM LLC			
		Firm/Company		
	17350 STATE HWY 249 S	STE 220		
	_	Address		
	HOUSTON, TX 77064			
	City/State and Zip Code			
	EFILE1234@INCFILE.CO	M to be used for future annual report notif		
For further information	concerning this matter, please c		reamon)	
LOVETTE DOBSON		855 829-9090		
Name	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for	the following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
N # - 212 A . J. J		Saa		

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREAMF	SED LLC
(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L19000297490	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C." or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2952 MC CRONE WAY
(Principal office address MUST BE A STREET ADDRESS)	JACKSONVILLE, FL 32216
Enter new mailing address, if applicable:	2952 MC CRONE WAY
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32216
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida

## 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	<u>Address</u>	Type of Action
AMBR	RESHMA RAMESHKUMAR	2952 MC CRONE WAY	🗆 Add
		JACKSONVILLE, FL 32216	□Remove
			□Add
			□Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
			□Add
			□Remove
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	-	<del></del>	□Add
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			□Remove
			Change

Note:	tive date, if other than the date of filing:
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е гесо	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
e reco rd is f	DECEMBER 18 2019
	DECEMBED 18 2010

Filing Fee: \$25.00