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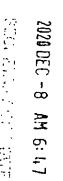
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COVER LETTER

Division of Co			
Create To	Inspire LLC	•	
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subt	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	Tanya Germain		
		Name of Person	
		itted for filing. the following: Name of Person Firm/Company Address City/State and Zip Code be used for future annual report notification)	
	15434 SW 113th street		
		Address	
	Miami, FL 33196		
	Legiftbox1@gmail.com	City/State and Zip Code	
	E-mail address: (t	to be used for future annual report noti	fication)
For further information	concerning this matter, please ca	alt:	
Tanya Germain			
Name	of Person	Area Code Daytin	e Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
<u>Mailing Addr</u> Registration		Street Address: Registration Se	ection

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassee, FL 32314

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

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

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Create To Inspire LLC				
(Name of the Limited)	Liability Compa Florida Limited	ny as it now appears on o liability Company)	nr records:); =	
Articles of Organization for this Limited Liab rida document number L19000301233		•		and assigned
s amendment is submitted to amend the following	ing:			
If amending name, enter the new name of th	<u>ne limited liab</u>	ility company here:		
Gift Box LLC				
new name must be distinguishable and contain the word	ls "Limited Liabi	lity Company," the designa	ition "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:		15434 SW 113th stree	et	
incipal office address MUST BE A STREET A		Miami, FL 33196		
ter new mailing address, if applicable:				·-
ailing address MAY BE A POST OFFICE BO	istered office	address on our record	ds, enter the nai	me of the new regi
ailing address MAY BE A POST OFFICE BO If amending the registered agent and/or region and/or the new registered office address b	istered office		ds, enter the nai	me of the new regi
If amending the registered agent and/or registered affice address had not been some and not be new registered office address had not been some new Registered Agent:	istered office : here:	h Street		me of the new regi
If amending the registered agent and/or regiont and/or the new registered office address by Name of New Registered Agent:	istered office : here: Tanya Germair	h Street Enter Florida str	reet address	
If amending the registered agent and/or registered affice address had a Name of New Registered Agent: New Registered Office Address:	istered office : here: Tanya Germair	h Street Enter Florida str	reet address	me of the new regi

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M AMBR = A	fanager authorized Member	Simo Same Land	
<u>Title</u>	Name	Addres 21 DEC -8 AM 6: 47	Type of Action
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ective date, if other than the date of fi effective date is listed, the date must be specific te: If the date inserted in this block does nument's effective date on the Department	iling:	7 (3)(s the
cord specifies a delayed effective date, but s filed.	t not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	;
ed	2020	
•	of a member or authorized representative of a member	