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## **COVER LETTER**

Registration Section

**Division of Corporations** 

TO:

SUBJECT: Denua Creative	L C
Name of Limit	ed Liability Company
The enclosed Articles of Amendment and fee(s) are subm	nitted for filing.
Please return all correspondence concerning this matter to	o the following:
_	
Der	Name of Person
	Name of Person
<u>Deni</u>	Ja Creative LLC Firm/Company
	Firm/Company
134 8	Address
Br	Synton Beach FL 33435 City/State and Zip Code
Denis We E-mail address: (to	dine together a Gmail. com.  be used for future annual report notification)
For further information concerning this matter, please ca	
Denis Estimon	at (561) 674 - 5072 Area Code Daytime Telephone Number
Name of Ferson	Anea Coac Physial Prophase and
To the old to a shoot for the following amount:	
Enclosed is a check for the following amount:	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee,
\$25.00 Filing Fee	Certified Copy Certificate of Status &
	(additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Carrie Addingson
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Ta <sup>n</sup> ahassee, FL 32314	2415 N. Monroe Street. Suite 810

Tolishassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>Uenua Cre</u>	ative	) C	on our records )	<del> </del>	
(Name of the Limited I	Florida Limited Lia	oility Company)	<u>our records.</u> )		
The Articles of Organization for this Limited Liabi Florida document number <u>L20000056</u> 0	lity Company w	ere filed on _10	427/2019	and	lassigned
This amendment is submitted to amend the followi	ng:				
A. If amending name, enter the new name of the	e limited liabilit	y company here	:		
The new name must be distinguishable and contain the words	s "Limited Liability	Company," the desi	gnation "LLC" or th	ne abbreviation	ı "L.L.C."
Enter new principal offices address, if applicabl	e: _	134 SW	8º Aue Boi	inton Bisa	ch FL 33435
Principal office address MUST BE A STREET A	(DDRESS)		······································		<u></u>
	-			<u>∵ ~</u>	ing the state
Enter new mailing address, if applicable:				AH III	: カ - <u>- フ</u>
Mailing address MAY BE A POST OFFICE BO	<u>X)</u>			# 13 · 13	
	-				
3. If amending the registered agent and/or registered and/or the new registered office address h		lress on our reco	ords, <u>enter the</u> n	ame of the	new registered
Name of New Registered Agent:	Denis	Estimon			
New Registered Office Address:	134 SW	8th Auc Enter Florido	a street address		
<u>-</u>	Bosolon	Ocach City	Florida	<u>334</u> Zip Co	35

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 **Address** Type of Action Title Name MOR Estimon Denis 1345W8th AVE GADA

Boynton Booch FC PRemove 33435 Change IMBR Estimon Vanessa 134.5W8th Are XADD Bynton Bach FC DRemove 33435 \_\_\_\_\_ Change Add Remove D Gliange □ Remove □Change □Add Remove Change □Add Remove \_\_\_ Change

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<b>Efective date, if other that</b> an effective date is listed, the ote: If the date inserted incument's effective date of	date must be specific and this block does not t	d cannot be prior to d neet the applicable	late of filling or more th	han 90 days after f	iling.) Pur	suant to 6 not be li	05.020 is <b>te</b> d a
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	De-	- &	ed representative of a	member			
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