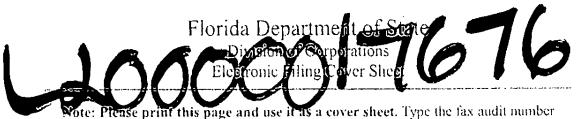
08:26 AM

TO:18506176383 FROM:4073703120

6/27/22, 12:06 PM

Division of Corporations



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(shown below) on the top and bottom of all pages of the document.



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC

Account Number : I20160000067

Phone : (407)370-3686 Fax Number : (407)370-3120

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

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CREALAB - CREATIVE GRAFIC DESIGN LABORATORY LLC

Certificate of Status	0
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TO:18506176383 FROM:4073703120

COVER LETTER

Registration Section
Division of Corporations TO:

C	REALAB -	CREATIVE GRAPIC DESIG	ON LABORATORY LLC			
SUBJECT:		Name of Limi	led Liability Company			
			•			
The enclosed A	rticles of A	mendment and fee(s) are sub-	nitted for filing.			
Please return al	l correspond	lence concerning this matter t	o the following:			
		JOSUEL ROQUE RODRIG	DUES			
			Name of Person			
		INTERNATIONAL DIVIS	ION BY LARSON LLC			
			Firm/Company			
		7901 KINGSPOINTE PKWY - STE 15				
			Address			
		ORLANDO, FL 32819				
			City/State and Zip Code	,,		
		JOSUEL.RODRIGUES@L				
		E-mail address: (o be used for future annual repor	(notification		
For further info	ormation cor	ncerning this matter, please ca	all:			
JOSUEL ROQ	UE RODRI	GUES	407 370368 at ()			
	Name of	Person	Area Code D	aytime Telephone Number		
tinclosed is a c	heck for the	following amount:				
■ \$25,00 Fil	ing Fee	☐ \$30.00 Filing Fee & Certificate of Status	555.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fec. Certificate of Status & Certified Copy (additional copy is enclosed		

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

lge: 4 06/28/2022 08:26 AM TO:18506176383 FROM:4073703120

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

			i i	' :	ł 1
CREALAB - CREATIVE GRAFIC	DESIGN LABOR	ATORY LLC			
		ny as it now appears on our re liability Company)	cords)	
			1.	l '.	
he Articles of Organization for this Limited L	iability Company	were filed on 01/09/2020	 	<u>.</u>	and assigned
lorida document number L20000017676	,				'
his amendment is submitted to amend the foll	owing:				
		b	Ì		
a. If amending name, enter the new name o	t the limited Habi	airy company nere:	1	ļ [*]	
N/A	1 - 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in Comment "the decimation "	410	or the ob	horavistion "L.I.C."
he new name must be distinguishable and contain the v	vords "Limited Liabit			!	1 1
Enter new principal offices address, if applicable:		3622 BOCAGE DR UNIT	101	1 - 32812	- ORLANDO - PL
Principal office address MUST BE A STREE	ET ADDRESS)		<u> </u>	_	1
				-	
Enter new mailing address, if applicable:		3622 BOCAGE DR UNIT	101	1-32812	?FORLANDO - FL
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>	ļ ·	
			_	 	
		_			
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office :	address on our records, <u>e</u>	<u>nter</u>	the nan	ie of the new registe
igent and of the new registered office address					
Name of New Registered Agent:	N/A				_
Name of New Registered Agent.	2/22 BOCA CE	DD 150T 1011 20812 - C	DIA	NIDO - I	
New Registered Office Address:	3622 BOCAGE DR UNIT 1011 - 32812 - ORLANDO - FL Enter Florida street address				
	Orlando			orida 32	
	Ottaileo	City	_, K J	orida	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		į	ļ	
I hereby accept the appointment as register] Ju	riher as	
provisions of all statutes relative to the prop accept the obligations of my position as reg	per and complete sistered agent as	performance of my dutte provided for in Chapter (s, a 505,	ra I am FS. Or	jamiliar with and , if this document is
being filed to merely reflect a change in the company has been notified in writing of this	e registerea ojjice s change.	adaress, I hereby congri	<i></i>	ine ii	
	If Cha	nging Registered Agent, Signa	tare (f New R	egistered Agent

age: 5 06/28/2022 08:26 AM TO:18506176383 FROM:4073703120

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
AMBR	JOSUEL ROQUE RODRIGUES	3622 BOCAGE DR UNIT 1011	🗀 Add
		ORLANDO, FL 32812	Remove
			≡ Change
AMBR NEREU PASQUINE	NEREU PASQUINE	3622 BOCAGE DR UNIT 1011	□Add
		ORLANDO, FL 32812	□Remove
			Change
			ÜAdd
			[]Remove
			Change
			□Add
		□Remove	
			□Кетоус
			☐ Change
			□Remove