

L20000063271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

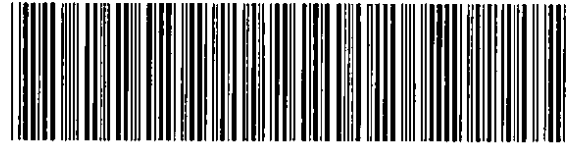
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



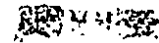
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DEPT OF STATE
TALLAHASSEE, FL

2023 JUN 28 PM 5:06

FILED



R. HUNT

06/28/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ICreate, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Nutter

Name of Person

ICreate

Firm/Company

30700 Wekiva River Rd Lot# 706

Address

Sorrento, FL 32776

City/State and Zip Code

daniellenutter10@gmail.com

E-mail address: (to be used for future annual report notification)

RECEIVED
TALLAHASSEE, FL
JAN 28 PM 5:06

For further information concerning this matter, please call:

Danielle Nutter

321 288-3434

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

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
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

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

ICreate, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/26/2020 and assigned
Florida document number 120000063271.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Simply Danielle, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

30700 Wekiva River Rd Lot#706

Sorrento, FL 32776

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

30700 Wekiva River Rd Lot#706

Sorrento, FL 32776

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CLERK OF STATE
TALLAHASSEE, FL

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip 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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

2003 JUN 28 PM 5:01
CLAY COUNTY STATE
CLASSEE.FL

7/03 JUN 28 PM 5:07
TASCO OFF STATE
LAHMSSEE, FL

ED
2023 JUN 28 PM 5:07
CLARK COUNTY
TALLAHASSEE, FL

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 24, 2023

Laurel Ruth 6/24/23
Signature of a member or authorized representative of a member

Danielle Nutter

Typed or printed name of signee

Filing Fee: \$25.00