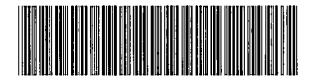
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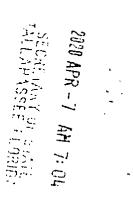
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COVER LETTER

TO:

TO: Registration Se Division of Cor			;
C1.115.112.63782	CREATIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	SANDRA GEORGES		
		Name of Person	
		Firm/Company	
	3901 W BROWARD BLV	TD STE 120561	
		Address	
	FORT LAUDERDALE, F	L 33312	
		City/State and Zip Code	
	CAONASCREATIONS@C		
For further information c	h-mail address, (oncerning this matter, please c	to be used for future annual report is	otification)
SANDRA GEORGES	oneering this mater, prease e	954 709-6146	
			ime Telephone Number
Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is a check for the	ie 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		Street Address: Registration S	Section
Registration Section Division of Corporations		Division of C	
P.O. Box 632	.7	The Centre of	Tallahassee
Tallahassee,	FL 32314	2415 N. Moni	roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CAONA'S CREATIONS, LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records. Liability Company)	2)		
The Articles of Organization for this Limited Liability Company	were filed on <u>03/16/2020</u>	and assigned		
Florida document number 1.20000083523				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
XARA'S CREATIONS, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity 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)				
	-	20		
		O A		
Enter new mailing address, if applicable:		A S		
(Mailing address MAY BE A POST OFFICE BOX)		7		
		T. A		
	<u> </u>	7		
B. If amending the registered agent and/or registered office a	iddress on our records, <u>enter t</u>	he 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 agre				
provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as j				
accept the oongutions of my position as registered agent as f being filed to merely reflect a change in the registered office				

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
			□Add
			Remove 28 A Change
			Add.
			☐ Change
			🗀 Add
			□Remove
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Filing Fee: \$25.00