1/30/23, 10.54 AM Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000038275 3)))



H2300003827534BC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN. CREOLA FINANCE SOLUTIONS LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 05 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu Corporate Filing Menu

.

Help LE COUX

FEB 0 1 2023

-)

COVER LETTER

| TO: Registration So Division of Co | | | <i>!</i> |
|---------------------------------------|--|---|---|
| | | ANCE SOLUTIONS LLC | |
| SUBJECT: | Name of Lin | uted Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | matted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | LOVETTE DOBSON | | |
| | | Name of Person | |
| | | Firm/Company | |
| | 17350 STATE HWY 249. | #220 | |
| | | Address | |
| | HOUSTON, TX. 77064 | | |
| | EFILE12M@INCFILE.CO | | |
| For further information of | F-mail address: concerning this matter, please c | to be used for future annual report no | Hiscation) |
| EFILE1234@INCFILE | - · | 888462345 | 3 |
| Name o | n' Person | Area Code Daytir | ne Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| S25.00 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 Addres Registration | Section | Street Address: Registration Se | |
| Division of C P.O. Box 632 | | Division of Co The Centre of | • |
| Tallahassee, | | | pe Street, Suite 810 |

Tallahassee, FL 32303

 $(((H23000038275^{2300038275}))^{23000038275})^{23000038275})$

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| CREOLA FINAN | CE SOLUTIONS LLC | |
|---|--|--|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | pany us it now appears on our records.) (Liability Company) | |
| The Articles of Organization for this Limited Liability Compan Florida document number <u>L20000114019</u> | y were filed on 04/27/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | |
| CREO FINANCE LLC | | |
| The new name must be distinguishable and contain the words "Lunited Liab | ulity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | · · · · · · · · · · · · · · · · · · · |
| Principal office address MUST BE A STREET ADDRESS) | | |
| Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, enter th | e name of the new register |
| gent and/or the new registered white mean cas nerv. | ; | 2023 |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | ့် မှ |
| New Registered Office Address: | F . F . 1 | |
| isen registered Office (whitese). | Enter Florida street address , Flori | da 🔁 🚾 🥫 |
| | | ida = R C S April 1 Ap |

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:

(((H23000038275 3)))

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|-------------|----------------|
| | | | |
| | | | □Remove |
| | | □Change | |
| | | □Add | |
| | | □Remove | |
| | | | ☐ Change |
| | | □Add | |
| | | | □Remove |
| | | | ∩Change |
| | | | Fladd |
| | | □ Remove | |
| | | □Change | |
| | | □Add | |
| | | URemove | |
| | | | ☐ Change |
| | | | □Add |
| | | | □Remove |
| | | | ⊡Change |

| | | | <u>-</u> | |
|---|--|---|-------------------------|---|
| | | | | |
| ** | | | | |
| | | | | |
| | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | |
| | | | · · · | <u></u> |
| | | | | |
| | | | | |
| | | | | |
| 11.191.0 | | | | |
| | | | | |
| | | | | |
| | | | | |
| · .———— | | | | |
| | | | | |
| | | | | |
| · | | | | |
| | | | | |
| | | | | |
| Tective date, if other than the d in effective date is listed, the date must b oter. If the date inserted in this blococument's effective date on the Dep | be specific and cannot be p ck does not meet the ap partment of State's reco | onor to date of filing or i plicable statutory fili ords. | og requirements, this (| ling.) Pursuant to 605,020 fate will not be listed a |
| | data but not an afficieti | ce time, at 12:01 a.m. | on the earlier of; (b) | The 90th day after the |
| | date, but not an effective | | | |
| is filed. | 2023 | | | |
| record specifies a delayed effective is filed. January 30 Ited | | lo Andres L | yan Guandia | - |