

120000140826

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

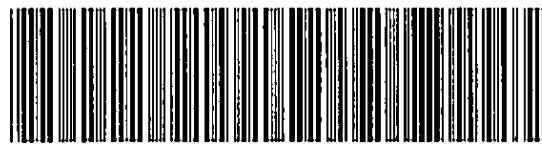
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2021 NOV -8 PM 12:50
SECRETARIAL COUNSEL
TRENTON, NJ

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Arrae of Creations 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:

Raelyn A. Williams
Name of Person

Name of Person

Arrae of creations LLC
Firm/Company

Firm/Company

250 Carillon Pkwy Unit 327
Address

Address

St. Petersburg, FL 33716
City/State and Zip Code

City/State and Zip Code

raelyndavis0722@gmail.com

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

For further information concerning this matter, please call:

Raelyn A. Williams at (727) 276-0722
Name of Person 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

FILED

Arrae of Creations LLC

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

(A Florida Limited Liability Company)

2021 NOV -8 PM 12:50

SECRETARY OF STATE
TALLAHASSEE

The Articles of Organization for this Limited Liability Company were filed on May 26, 2020 and assigned Florida document number L20000140826.

This amendment is submitted to amend the following:

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

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)

250 Carillon Pkwy
Unit 327
St. Petersburg, FL 33716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

250 Carillon Pkwy
Unit 327
St. Petersburg, FL 33716

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:

Raelyn A. Williams

New Registered Office Address:

250 Carillon Pkwy Unit 327
Enter Florida street address
St. Petersburg, Florida 33716
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.

Raelyn A. Williams
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>
MGR	Baelyn A. Davis	5317 19th Ave S. Gulfport, FL 33707	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Baelyn A. Williams	250 Carillon PKwy Unit 327 St. Petersburg, FL 33716	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: 5/22/2020 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed

Dated October 26, 2021.

Barry D. Williams
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Rachyn A. Williams
Typed or printed name of signee

Typed or printed name of signee