

600405520976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

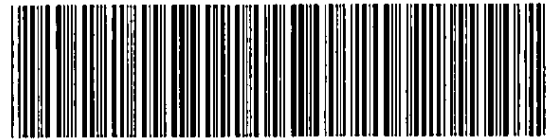
(Business Entity Name)

(Document Number)

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03/28/23--01032--003 **35.00

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CLERK OF STATE
TALLAHASSEE, FL

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R. HUNT
03/28/23

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Creative Results Business Solutions, 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:

Eugene Cooper

Name of Person

Creative Results Business Solutions, LLC

Firm/Company

111 North Orange Avenue, Suite 800 - #389

Address

Orlando FL 32801

City/State and Zip Code

info@CreativeResultsBusinessSolutions.com

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

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MAR 28 PM 3:27
CLERK OF DISTRICT COURT
JACKSONVILLE, FL

For further information concerning this matter, please call:

Eugene Cooper	772	971-9232
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

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

FD
2023 MAR 28 PM 3:27
MASSACHUSETTS
STATE
LABORATORY

E. Effective date, if other than the date of filing: _____ (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 March 24 2023


Signature of a man

Signature of a member or authorized representative of a member

Eugene Cooper

Typed or printed name of signee

Filing Fee: \$25.00