

LAO 0000172299

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(Address)

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(City/State/Zip/Phone #)

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JUL 21 2020

DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
TALLAHASSEE, FLORIDA 32310  
2020 JUL 21 AM 8:16

FILED

SEP 04 2020  
S. YOUNG

# COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CREEKVILLE CREATORS 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:

TRANIECE JOHNS

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

PO BOX 20520

\_\_\_\_\_  
Address

TALLAHASSEE, FL 32316

\_\_\_\_\_  
City/State and Zip Code

INVESTORTMJ@GMAIL.COM

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

For further information concerning this matter, please call:

TRANIECE JOHNS

850 203-2687

at ( )

\_\_\_\_\_  
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**

CREEKVILLE CREATORS LLC

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

**FILED**  
2020 JUL 21 AM 8:16  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
FALLS CREEK, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/22/2020 and assigned  
Florida document number L20000172299

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7860 West Commercial Blvd Suite 200-POB:541  
Lauderhill, FL 33351

7860 WEST COMMERCIAL BLVD SUITE 200 - POB:541  
LAUDERHILL, FL 33351

**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



