## 120000180735

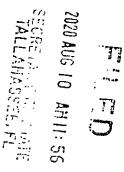
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone	: #)
PICK-UP WAIT	MAIL
(Business Entity Nam	ne)
(Document Number)	
Certified Copies Certificates	of Status
Special Instructions to Filing Officer:	
	(
	İ
	ĺ
	ì
	}

Office Use Only



500349504235

08/10/20--01032--030 \*+25.00



D. BRUCE SEP 29 2020

## **COVER LETTER**

FO: Registration Se Division of Cor				
SUBJECT:	reative Kley Name of Lim	Aning Sarvices (	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspondence	ondence concerning this matter	to the following:		
	<u>Leo</u> i	Name of Person	<del>.</del>	
		Firm/Company		
	42	90 70 Have N Address		
	Pinellas Pa	K FL 33781 City/State and Zip Code		
	E-mail address: (	to be used for future annual report notif		_
For further information of	concerning this matter, please c	all:	TAL	<b>&gt;</b> •
Name o	Jones <sup>*</sup> of Person	at ( <u>727</u> ) <u>75 2</u> Area Code Daytime	TALLAND AUG 10 AM	
Enclosed is a check for the	he following amount:		III: 5	D
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 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 AMEDIMENT

## TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number <u>L20000180735</u> 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) 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 \_

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.

City

If Changing Registered Agent, Signature of New Registered Agent

f 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> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Andrea Jones	1718 19th ave 5	🗀 Add
		1718 19th ave 5 3t. Petersburg, FL 33712	Remove
	,		□Change
MGR	Koona Jones	4340 764 ave 10	🗗 Add
		Pinellas Park, FL 33791	□Remove
			□Change
<del></del>			SE:
		TEL AH	Themove T
		AS	SECOND Change AM 11056
			- Add
			□Remove
			□Change
<u>.</u>			□Add
		□Remove	
			□Change
			□Add
			□Remove

				<del></del> -	•				
							·· ·		
	<del></del>							<del></del>	
		·-···		<u></u>					
									<del></del>
·					•	<u> </u>			
		· · ·							
<u> </u>		- , ,							
1		· • •					,		_
									_
							C	2 2	
				<u>.                                    </u>			<u> </u>	2020 A	
			<u></u>				<b>&gt;</b> =	AUG	
							14.55	0 /	
							<del>简</del> 章	A	a Barbara
				<u>-</u>		<del></del>	72	7:5	
		<b>^</b> /	/26/	/ 2			نب	6	
fective date, if other than the date of un effective date is listed, the date must be spectote: If the date inserted in this block does does not be determined by the Department's effective date on the Department.	cific and car is not meet	nnot be pri6 t the appli	r to date of cable statu	filing or moi	e than 90 day		ing.) Purs		
record specifies a delayed effective date, l	but not an	effective (	time, at 12	:01 a.m. or	the earlier	of: (b)	The 90t	h day at	fter the
is filed.						- "		Ţ	
ated Aug	,	20 - >							
	, <u>/</u> 2	<u> 19120 </u>	·						
ated / try /		, ,	3						
1/	1B-11-5								
/ jui	G J G	nber or auth	norized repr	esentative o	f a member		·· <del>·</del> ···		