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(Re	questor's Name)	
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Certified Copies	_ Certificates	of Status
		
Special Instructions to	Filing Officer:	

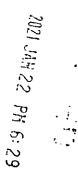




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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations	e e e e e e e e e e e e e e e e e e e	
CHINTECT.		e Ventures LLC		
SUBJECT		Name of Line	ited Liability Company	
			are submitted for filing. matter to the following: Name of Person res LLC Firm/Company Dr Address City/State and Zip Code com Iddress: (to be used for future annual report notification) olease call: 407 963-5158 at (
The enclosed	d Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Bradley Collor		
			Name of Person	
		ML Creative Ventures LLC	•	
			Firm/Company	
		2749 W Covington Dr		
			Address	
		Deltona FL 32738		
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		B_Collor@outlook.com E-mail address: (to be used for future annual report no	tification)
For further i	nformation c	oncerning this matter, please c	all:	
Bradley Col	llor			
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is	a check for th	ne following amount:		
□ \$25,00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy
	niling Addres		Registration S	
	vision of C O. Box 632	Corporations		
	llahassee. l			oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ML Creative Ventures LLC		
(Name of the Limited Liability Com	pany as it now appears on our records. ed Liability Company))
The Articles of Organization for this Limited Liability Comparting document number <u>L20000277860</u>		and assigned 7
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited li	ability company here:	PH 6: 2
The new name must be distinguishable and contain the words "Limited Lia Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records, <u>enter t</u>	he name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Flor	rida
	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 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>	Type of Action
P	Bradley Collor	2749 W Covington Dr, Deltona Fl 32738	□Add
			□Remove
		MGR	■ Change
VP	Latoyer Collor	2749 W Covington Dr, Deltona, FL 32738	□Add
			■ Remove
		· · · · · · · · · · · · · · · · · · ·	□Change
		.	□Add
			□Remove
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an effectore: T	ve date, if other ctive date is listed If the date insert ont's effective d	l, the date mus led in this bl	st be specific ock does no	and cannot but meet the	applicable	ate of filing o	or more than iling requir	(option 90 days after ements, this	filing.) Purs	uant to 605.0207 not be listed as
record Lis tile	l specifies a dela rd.	iyed effectiv	e date, but	not an effe	ctive time,	at 12:01 a.	m, on the c	arlier of: (b) The 90t	h day after the
ated _	January 13		- () la	202	1					
-	A Sing	<u> </u>	Signature o	f a member	or authorize	d representa	nive of a me	mber		
		_								

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