L20000281611

(ке	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	
`	,	,
PICK-UP	MAIT	MAIL
	_	_
		
(Bu	siness Entity Nai	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Commeliance	Tiller Office	
Special Instructions to	rlling Officer:	
		CI
		9.18
	· · · · · ·	

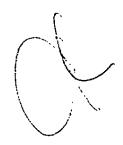
Office Use Only



900410559809

06/16/23--01020--019 **35.00

2023 SEP 18 PH 12: 18



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2023

DONNA THIELE CREATIVE CONSULTING & MARKETING, LLC 10122 SALT AIRE CIR VENICE, FL 34292 US

SUBJECT: CREATIVE CONSULTING & MARKETING, LLC

Ref. Number: L20000281611

We have received your document for CREATIVE CONSULTING & MARKETING, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Corporation, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II Letter Number: 023A000176167

COVER LETTER

	Registration Se Division of Cor						
SUBJEC"		CONSULTING & MARKET	ING, LLC				
SOBJEC	1 ·	Name of Lim	ited Liability Company				
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please reti	urn all correspo	ndence concerning this matter	to the following:				
		DONNA THIELE					
		•	Name of Person				
		CREATIVE CONSULTIN	G & MARKETING.	LLC			
			Firm/Company				
		10122 SALT AIRE CIR					
			Address				
		VENICE, FL 34292					
			City/State and Zip C	'ode			
		donnat01@verizon.net	to be used for future an	and report notifi	instina		
For furthe	er information c	oncerning this matter, please c		naar report nouri	canony	202	
DONNA		•	631 at (574-7256		2023 SEP 18	n
	Name o	f Person	Area Code	Daytime	Telephone Number	8	,
Enclosed	is a check for th	ne following amount:				PH 12:	
□ \$25.0	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Certified Cop (additional copy	у	Certified	ing Fee, ∞	
	Mailing Addres Registration 5			et Address: distration Sec	tion		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

CREATIVE CONSULTING & MARKETING, LLC

(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number L20000281611	were filed on 09/09/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		2023 SEP 1 8 P
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>e</u>	nter the name of the flew registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddesee
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my dutie provided for in Chapter 6	s, and I am familiar with and 605, F.S. Or, if this document is

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

Title	Name	Address	Type of Action
President	WILLIAM F THIELE	10122 SALT AIRE CIR	≡ Add
		VENICE, FL 34292	□Remove
			□Change
			□Remove
			□Change
			Remove Compare Compar
			18 49 12: NS S S S S S S S S S S S S S S S S S S
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change

		- -
		_
		-
		_
		_
		_
 _		-
		-
<u> </u>		
 	70 23	_
AL		_ ==17-
E C	 	
SSV	- CO] _ [] []
S. S.	PH 12:	
		-
		-

Filing Fee: \$25.00