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(Requestor's Name)
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COVER LETTER

	Registration Se Division of Cor			
CHIDADA		eative Designs, LLC		
SUBJEC	1:	Name of Limi	ted Liability Company	
The engle	seed Articles of	Amendment and fee(s) are sub-	mitted for filing	
		ndence concerning this matter		
		Taylor Homer		
			Name of Person	
		C and D Creative Desgins,	LLC	
			Firm/Company	
		610 Charter Oaks Blvd		
			Address	
		Orange Park, FL 32065		
			City/State and Zip Code	
		taylor_horner@ymail.com		
For furth	er information c	E-mail address; (oncerning this matter, please c	to be used for future annual report no all:	outication)
Taylor H			904 8606677	
Name of Person		at () Area Code Dayti	ime Telephone Number	
Enclosed	is a check for the	he following amount:		
≅ \$25.6	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 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		Street Address: Registration Section		
Division of Corporations		Division of Corporations		
	P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	Tallahassee roe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

C AND D CREATIVE DESIGNS, LLC

700000 -5 17 9:45

(Name of the Limit	ed Liability Company as it now appears on our r (A Florida Limited Liability Company)	records.)
The Articles of Organization for this Limited Li Florida document number L20000282516	iability Company were filed on 9/10/20	and assigned
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:	 -	
Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	
B. If amending the registered agent and/or ragent and/or the new registered office address		enter the name of the new regist
Name of New Registered Agent:		<u> </u>
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 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	<u>Name</u>	Address	Type of Action
MGR	Teara Horner	610 Charter Oaks Blvd	≣ Add
		Orange Park, FL 32065	□Remove
			□Change
		, 	□Add
			□Remove
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ffective date, if other than th	date of filing:			(option	al)
an effective date is listed, the date mu ote: If the date inserted in this b	st be specific and cannot lock does not meet t	ot be prior to date he applicable st	of filing or more the	an 90 days after fil	ing.) Pursuant to 605.0
ocument's effective date on the I	epartment of State's	s records.	and or y milling req	direments, this d	ate will not be fister
record specifies a delayed effecti- is filed.	e date, but not an ef	Tective time, at	12:01 a.m. on th	e earlier of: (b)	The 90th day after
, October 1	20:	20			
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Toyler 1	Em				
ated	Signature of a member	er or authorized r	representative of a	member	