L20000290417

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

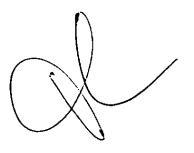
Office Use Only



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Division of Corporations

February 10, 2023

SABRINA RUTH DI CIOCCO 20900 NE 30TH AVE 8 FLOOR AVENTURA, FL 33180

SUBJECT: BEE CREATIVE PRODUCTIONS LLC

Ref. Number: L20000290417

We have received your document for BEE CREATIVE PRODUCTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

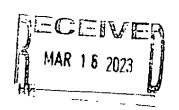
The document number of the name conflict is P21000056698.

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.

Alecia Rivers Regulatory Specialist II

Letter Number: 423A00003251



www.sunbiz.org

COVER LETTER

	ATIVE PRODUCTIONS LLC	mited Liability Compan	v	
	Tune of Isi	ance Elaminy Compan	;	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspondent	ondence concerning this matte	er to the following:		
	SABRINA RUTH DI CIC	occo		
Name of Person				
ODEN GLOBAL CONSULTING LLC				•
	•	Firm/Company	· · · · · · · · · · · · · · · · · · ·	
	20900 NE 30TH AVE 8	FLOOR		: -
		Address	,,	
	AVENTURA, FL, 33180)		
City/State and Zip Code				
	sdc@odenglobal.com			
	E-mail address:	(to be used for future a	nnual report notification)	
For further information of	concerning this matter, please	call:		
Sabrina Ruth Di Cioco	o	786 at (930 9556	
Name o	of Person	Area Code	Daytime Telephone Number	

X

TO:

Registration Section

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

BEE CREATIVE PRODUCTIONS LLC

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

The Articles of Organization for this Limited Liabilit	y Company were filed on September 2	3,2020 and assigned
Florida document number L20000290417		202:
This amendment is submitted to amend the following	<u>.</u>	2023 HAR 1
A. If amending name, enter the new name of the	limited liability company here:	7
AUREA TECHNICAL ART LLC		<u>q</u>
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:		<u> </u>
(Principal office address MUST BE A STREET AD	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		iter the name of the new register
B. If amending the registered agent and/or registe agent and/or the new registered office address her		iter the name of the new register
agent and/or the new registered office address her		iter the name of the new register
agent and/or the new registered office address her Name of New Registered Agent:		ster the name of the new register
agent and/or the new registered office address her		
agent and/or the new registered office address her Name of New Registered Agent:	Enter Florida street ac	

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>	Address	Type of Action
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ective date, if other than the one effective date is listed, the date must te: If the date inserted in this blockument's effective date on the Department.	zk does not meet t	he applicable s	e of filing or more statutory filing r	than 90 days afte equirements, thi	r filing.) Pur is date will	suant to 60 not be lis)5,020 sted a:
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