## L20000312666

(Req	juestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	e <b>#</b> )
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## **COVER LETTER**

Tallahassee, FL 32314

	ion Section of Corporations		
Creat SUBJECT:	tive Starfox LLC	· · · · · · · · · · · · · · · · · · ·	
5017GCT	Name of L	imited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are so	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
	Leonard Titone MBA, C	PA	
		Name of Person	
	CPA Tax Advisors Inc		
		Firm/Company	
	12995 S Cleveland Aver	nue Suite 160	
		Address	
	Fort Myers, FL 33907		
	admin@epataxadvisors.ne	City/State and Zip Code	
		to be used for future annual report not	ification)
For further informa	tion concerning this matter, please	•	
Leonard Titone, M	ВА СРА	855 740-1040 at ( )	
Name of Person			ne Telephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing F	ee ☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing A		Street Address:	_
_	ion Section of Corporations	Registration Se Division of Cor	
P.O. Box		The Centre of T	

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 Starfox LLC				
(Name of the Limite	ed Liability Comp (A Florida Limited	<mark>any as it now appears</mark> Liability Company)	on our records.)	
The Articles of Organization for this Limited Li	ability Company	were filed on Oct	ober 1, 2020	and assigned
lorida document number L20000312666	·			•
his amendment is submitted to amend the follo	owing:			
. If amending name, enter the new name of	the limited liab	oility company her	<u>·e</u> :	
Build A Brand USA LLC				
he new name must be distinguishable and contain the wa	ords "Limited Liab	ility Company," the de	signation "LLC" or the ab	breviation "L.L.C."
nter new principal offices address, if applica	able:	NA		
Principal office address MUST BE A STREE	T ADDRESS)			~2
				VOI 103
			-	100
nter new mailing address, if applicable:		NA		6
Mailing address MAY BE A POST OFFICE I	<i>BOX</i> )			
				æ :
			-	
. If amending the registered agent and/or regent and/or the new registered office addres		address on our re	cords, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	CPA Tax Adv	sors Inc		
New Registered Office Address:	12995 S Cleve	land Avenue Suite 1	60	
		Enter Florid	da street address	
	Fort Myers		, Florida <sup>33</sup>	907
		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.

Thru CPA, CPA TAX ANVISORS
The Changing 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
NA			□Add
			□Remove
			□Change
			□Add
			□Remove
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fective date i If the date	other than the listed, the date mus inserted in this blo ive date on the De	t be specific and ock does not n	cannot be pricate the appli	cable statuto	ng or more thar	(option 90 days after f rements, this	iling.) Pursuant to 6
ord specifies tiled.	a delayed effective	e date, but not	an effective	time, at 12:0	l a.m. on the	earlier of: (b)	The 90th day at
November d	10		2020	<u> </u>	)		
ed		A		$\lambda^{\sim}$			
d		Signature of a r	nember or aut	torized represe	entative of a me	ember	