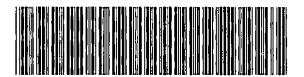
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| (Re | questor's Name) | | |
|-------------------------|-------------------|---------------|--|
| (Ad | (Address) | | |
| (Ad | dress) | . | |
| (Cit | y/State/Zip/Phone | ÷ #) | |
| PICK-UP | ☐ WAIT | MAIL | |
| (Bu | siness Entity Nan | ne) | |
| (Do | cument Number) | | |
| Certified Copies | _ Certificates | of Status | |
| Special Instructions to | Filing Officer: | | |
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. COVER LETTER

TO:

Registration Section

| Division of Corporations | | | |
|--|--|---|--|
| AASB CRI | EATIVE GROUP, LLC | • | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Andres F Solis | | |
| | | Name of Person | |
| | AASB CREATIVE GROU | JP, LLC | |
| | | Firm/Company | |
| | 11380 Wayne Drive | | |
| | | Address | |
| | Cooper City, FL 33026 | | |
| | | City/State and Zip Code | |
| | tax_20@hotmail.com | to be used for future annual report not | vi(Contion) |
| E. G. Garden in Commention | | • | mication) |
| | oncerning this matter, please of | att: | |
| Andres F Solis | | 786 2717386 at () | |
| Name o | f Person | Area Code Daytin | ne Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | ☐ \$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 Address: Registration Section | | Street Address: Registration Se | |
| Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | Division of Corporations The Centre of Tallahassee | |
| | | 2415 N. Monro | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | AASB. | CREA | TIVE | GROUP, | LLC |
|--|-------|------|------|--------|-----|
|--|-------|------|------|--------|-----|

700 <u>-9 Pi</u> 2:57

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

| (A rionda Limited | Liaonny Company) | |
|--|---|--|
| The Articles of Organization for this Limited Liability Company | y were filed on 10/16/2020 | and assigned |
| Florida document number 1.20000328855 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | pility company here: | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation | 'LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | 11380 Wayne Drive | |
| (Principal office address MUST BE A STREET ADDRESS) | Cooper City, FL 33026 | |
| | | |
| Enter new mailing address, if applicable: | 11380 Wayne Drive | |
| (Mailing address MAY BE A POST OFFICE BOX) | Cooper City, FL 33026 | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our records, <u>er</u> | nter the name of the new registero |
| | | |
| New Registered Office Address: | Enter Florida street a | ldress |
| | | , Florida |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | <u>:</u> | |
| 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 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 05, F.S. Or, if this document is |
| 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 being filed to merely reflect a change in the registered office | City Evee to act in this capacity. Everyper performance of my dutien Everyper for in Chapter 6 | I further agree to con s, and I am familiar w 05, F.S. Or, if this doo |

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|-------------------|----------------|-----------------------|----------------|
| MGR Mariela Rocha | Mariela Rocha | 11380 Wayne Drive | ≡ Add |
| | | Cooper City, FL 33026 | □Remove |
| | | | Change |
| MGR | Andres F Solis | 13727 SW 12th Street | ■Add |
| | | Apt Studio | □Remove |
| | | Miami, FL 33184 | Change |
| MGR | Jorge E Solis | 10520 NW 74th Street | □Add |
| | | Unit 106 | =Remove |
| | | Miami, FL 33178 | |
| | | | |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | □Remove |
| | | | Change |
| | | | □Add |
| | | | Remove |
| | | | □ Change |

| Effective date, if other than the date of filing: 10/16/2020 | | |
|--|--|---|
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 6 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be lidocument's effective date on the Department of State's records. The effective date on the Department of State's records. The 90th day after distribution of the earlier of: (b) The 90th day after distribution of the earlier of: (c) The 90th day after distribution of the earlier of: (d) The 90th day after distribution of the earlier of: (e) The 90th day after distribution of the earlier of: (e) The 90th day after distribution of the earlier of: (e) The 90th day after distribution of the earlier of: (e) The 90th day after distribution of the earlier of: (e) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of: (f) The 90th day after distribution of the earlier of the ear | | |
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| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | | |
| Effective date, if other than the date of filing: | · | |
| Dated November 5th , 2020 . | n effective date is listed, the date must be specific anote: If the date inserted in this block does not a | ng: (optional) and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.020 ameet the applicable statutory filing requirements, this date will not be listed a |
| Dated | | ot an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the |
| 1.1. COD. | November 5th | 2020 |
| Signature of a intemper of authorized representative of a member | 1.1. | A authorized representative of a member |
| Andres F Solis | | |