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(Requi	estor's Name)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fili	ing Officer:	

Office Use Only



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2020 DEC 23 PH 1:31

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312

DATE 12/23/2020					
					**WALK IN*
ENTITY NAME CREATI	VE SUNFLOWER H	IIPPIE LLC	· · · · · · · · · · · · · · · · · · ·		
DOCUMENT NUMBER_					<u></u> _
	PLEASE FILE TH	HE ATTACHI	ED AND RETURI	V	
XXXX	Plain Copy				
	Certified Copy				
	Certificate of Status				
	Certified Copy of Arts Certificate of Good Sta		ls		
	APOSTILLE' / N	NOTARIAL .	CERTIFICATIO)//	
COUNTRY OF DESTINATI	ON		· · · · · · · · · · · · · · · · · · ·		
NUMBER OF CERTIFICAT	ES REQUESTED	<u>-</u>			
TOTAL OWED \$25.00				I2016000007	2
Please call Tina at th	e above number for	any issues		_	much!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Southern Hippie LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company	were filed on 12-11-202	0 and assigned
Florida document number 1.20000387475		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designatio	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		THE TOTAL TO
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ecords, enter the name of the nev
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida stree	t address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	<u>.</u>	

If Changing Registered Agent, Signature of New 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>	<u>Address</u>	Type of Action
AMBR	Justin Sorce	2560 California Street	D Add
		Sutter, CA 95982	
			■ Remove
			Change
			□ Add
			Remove
			Change
		N	□ Remove
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Effective date, if other than the date of filing: [In effective date is listed, the date must be specific and curnot be prior to date of filing or more than 90 days aller filing.) Pursuant to 605.0207 (Note: If the date inserted in his block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. The 90th day after the record is filed. Dated 12-22	•			,				·
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Justin Carea	-	· · · · · · · · · · · · · · · · · · ·	Signature	of a member or	authorized repres	sentative of a men	iber	

Page 3 of 3

Filing Fee: \$25.00