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> Division of Corporations Fax Number : (850)617-6383

From:

To:

Account Name : ZENBUSINESS INC. Account Number : I20230000190 Phone : (844)449-3624 Fax Number : (512)597-0678



\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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**CREATIVE SOUTHERN HIPPIE LLC** 

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## TO: Registration Section Division of Corporations

Creative Southern Hippie LLC

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diego Cruz

Name of Person

ZenBusiness INC

Enm/Company

336 E. College Ave Suite 301

Address

Tallahassee, FL 32301

City/State and Zip Code

fulfillment@zenhusiness.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enclosed is a check for the following amount:

🔳 \$25.00 Filing Fee

☐ \$30.00 Filing Fee & Certificate of Status □ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

· Page: 3 of 5	2025-01-16 06:42:26 UTC AKTICLES OF T ARTICLES OF O ARTICLES OF O O	RGANIZATION	83 From: ZenBusiness User FILED 2025 JAN 15 PM 2: 55 TALLAHASSEE FLORID.
Creative Southern Hippi ( <u>Same</u>		<u>ny as it now appears on our reco</u> bability Company)	TALLAHASSEE FLORID
The Articles of Organization for this Florida document number <u>L20000387</u> This amendment is submitted to ame <b>A. If amending name</b> , <u>enter the ne</u>	1475 nd the following:		and assigned
The new name must be distinguishable and e Enter new principal offices address (Principal office address MUST BE	s, if applicable:	ity Company," the designation "E 21425-25th Rd Lake Cuy, F	
Enter new mailing address, if appli <u>(Mailing address MAY BE A POST</u>		21425 25th Rd Lake City, Fi	1. 32024
B. If amending the registered agen agent and/or the new registered off	• •	ddress on our records, <u>ent</u>	er the name of the new registered
Name of New Registered A	geni:		
New Registered Office Add	lress:	Enter Florida street add	ress Florida
		City ,	Zip Code

## New Registered Agent's Signature, if changing Registered Agent:

Tot

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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager AMBR = Authorized Member					
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	Signature of a member or authorized represe	atative of a member	
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