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2022 MAY 18 AH 9: 40 SEUNE FANCOF STATE

COVER LETTER

TO: Registration So Division of Con				
Creatively	3 Co., LLC			
SUBJECT:		ited Liability Company		
The enclosed Articles of	`Amendment and fee(s) are sub-	mitted for filing		
Please return all correspo	ondence concerning this matter	to the following.		
	Guerbrea Fort			
		Name of Person		
	CreativelyB Co.			
		Firm/Company	•	
	17818 NW 175th Avenue			
		Address		
	Alachua, Flonda 32615			
	creativelybco@gmail.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report n	otification)	
For further information of	concerning this matter, please ca	all:		
Guerbrea Fort		352 363-7322		
Name o	of Person	at () Area Code Dayt	ime Telephone Number	
Enclosed is a check for t	he 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 Addre		Street Address: Registration S	Section	
Registration Section Division of Corporations		Division of C		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

FILED

CreativelyB Co., LLC

2022 HAY 18 AM 9: 40

The Articles of Organization for this Limited Li	Lugues 11, 202	
	ability Company were filed on	1 and assigned
Florida document number L21000025138		
This amendment is submitted to amend the follo	owing:	
A. If amending name, enter the new name of	the limited liability company here:	
Creative Fort & Co., LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LI	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
Principal office address MUST BE A STREE		
Enter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE	<u></u>	
B. If amending the registered agent and/or ragent and/or the new registered office addres Name of New Registered Agent:		er the name of the new registe
	N/A	
New Registered Office Address:	Enter Florida street addi	ress
	N/A	Florida
	City	Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t 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.

> NA 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
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fan effe <u>Note:</u>	ce date, if other than the date of filing:(option ctive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after fif the date inserted in this block does not meet the applicable statutory filing requirements, this ent's effective date on the Department of State's records.	ling.) Pur		
record	specifies a delayed effective date, but not an effective time, at 12.01 a.m. on the earlier of: (b) ed.	The 90	th day a	after the
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	May 13 2022. Shanature of a member or authorized representative of a member			-