L21000096718

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COVER LETTER

TO: Registration Se Division of Cor			
Creative G			
SUBJECT:	Name of Limi	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:	
	Jeffrey Herman		
		Name of Person	
	Creative Grape LLC		
		Firm/Company	
	4626 10th Ave N		
		Address	
	St Petersburg, FL 33713		
	jeff@creativegrape.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notific	ation)
For further information of	concerning this matter, please ca	all:	
Jeffrey Herman		646 512-2988 at ()	<u> </u>
Name o	of Person	Area Code Daytime T	Felephone 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:	ion

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section 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 Grape LLC			
(Name of the Limi	ted Liability Company as it now a (A Florida Limited Liability Comp	ippears on our records.) pany)	
The Articles of Organization for this Limited L		on <u>02/22/2021</u>	and assigned
Florida document number L21000088718			
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compa	ny here:	
The new name must be distinguishable and contain the	words "Limited Liability Company,"	"the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREA	ET ADDRESS)		
	· · · · · · · · · · · · · · · · · · ·	_	
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE			-
Planing agarem STAT BE A TOST OF FICE			<u>-</u>
B. If amending the registered agent and/or	registered office address on (our records, enter the	name of the new regis
agent and/or the new registered office addre		<u></u>	
Name of New Registered Agent:	Jeffrey Herman		; 7
N. B. C. LOGG ALL	4626 10th Ave N		Ç
New Registered Office Address:		er Florida street address	<u> </u>
	St Petersburg	Flaui.d	. 33713
	City	Florid	a 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.

f 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>	Name	Address	Type of Action
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Remove
			□Change ·
			□Add
			□Remove
			□Change
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			□Remove
		□Change	
			□Add
			Remove
			□ Chana

	<u> </u>	
	:	
Note: If t	date, if other than the date of filing:	207 (3 I as th
record spectred is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he -
5/1 Dated		
	Signature of a member or authorized representative of a member	
	Jeffrey Herman	
	Typed or printed name of signee	