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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Corporations CREATIVE POOL SOLUTIONS 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: Leyla M Guzman Name of Person Guzman Tax & Accounting Services Corp. Firm/Company 5270 Golden Gate Parkway Suite 103 Address NAPLES FL 34116 City/State and Zip Code office@guzmataxes.net E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Eustaquio Jose Acevedo Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$25.00 Filing Fee ■ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

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Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREATIVE POOL SOLUTIONS LLC

(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on o a Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability C Florida document number <u>1.21000101969</u>		21 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company." the designa	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here: Name of New Registered Agent:		
		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	Enter Florida str	vet address
		. Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registere	ed Agent:	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered a being filed to merely reflect a change in the registere	complete performance of my d igent as provided for in Chapt	uties, and I am familiar with and er 605, F.S. Or, if this document is
company has been notified in writing of this change.		\$ 5
		~ :
	If Changing Registered Agent S	gnature of New Registered Agent
	ii Changing Kegisteren Agent, <u>Si</u>	gnature 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
VP	FLAVIANO AGAPITO MARTINI	480 8TH ST NENAPLES, FL 34120	🗆 Add
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Signature of a member or authorized representative of a member	ed 09/03	2024		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
	ed 09/03	2020		5