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A. BUTLER OCT 1 4 2022

## **COVER LETTER**

KREATIV SUBJECT:	& PARTNERS, LLC.		
SUBJECT:	Name of Lir	nited Liability Company	
	Amendment and fee(s) are sul	_	
	F	ELIX A. PELAEZ VELEZ	
		Name of Person	
	KR	EATIV & PARTNERS, LLC.	
		Firm/Company	
	140	0 SW 27th Avenue Apt 306	
		Address	<del></del>
		Miami, FL 33145	
		City/State and Zip Code	
		liomoranservices@gmail.com  to be used for future annual report notific	ention)
For further information c	oncerning this matter, please o	-	catony
Felix A. Pelacz Velez		786 473-2360 at ( )	
Name o	f Person		Telephone Number
Enclosed is a check for the	ne following amount:		
[]\$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres Registration S		Street Address: Registration Sect	ion

Registration Section Division of Corporations P.O. Box 6327

' TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KREATIV & PARTNERS, LLC.

2022 JUL 22 PH 4: 27

(Name of the Lin	(A Florida Limited	any as it now appears Liability Company)	on our records.)	OF STATE
The Articles of Organization for this Limited	Liability Company	were filed on $\frac{08/2}{}$		· • · ·
lorida document number L21000298575				
This amendment is submitted to amend the fo	llowing:			
. If amending name, enter the new name	of the limited liab	ility company her	<u>e</u> :	
I/A				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	ignation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		N/A		
Principal office address MUST BE A STRE				
			<u></u>	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE  If amending the registered agent and/or gent and/or the new registered office address  Name of New Registered Agent:  New Registered Office Address:	registered office a			name of the new register
		Enter Florido	i street address	
		City	, Florida	
ew Registered Agent's Signature, if changing	Peristand Ament.	Cuy		Zip Code
hereby accept the appointment as registere rovisions of all statutes relative to the propecept the obligations of my position as regeing filed to merely reflect a change in the company has been notified in writing of this	ed agent and agro per and complete istered agent as p registered office	performance of my provided for in Cha	y duties, and I a apter 605, F.S. (	m familiar with and Or. if this document is

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

		.,,m.,,
<b>AMBR</b>	=	Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Carmen Nelly Pelaez Garcia	1400 SW 27th. Avenue Apt 306	<b>⊟</b> Add
		Miami, FL 33145	□Remove
		<del>-</del>	
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fective date, if oth n effective date is listed te: If the date inser cument's effective d	, the date must be speced in this block doe	cific and cannot be as not meet the ar	prior to date of fili	ng or more than 90	(optional) days after filing.) Pur lents, this date will	suant to 605.02 not be listed :
ecord specifies a dela is filed.	yed effective date, t	but not an effecti	ve time, at 12:01	a.m. on the earl	ier of: (b) The 90t	h day after th
		2022				
ted		$\overline{}$				
ted July 7th		A	200-1	/		

Filing Fee: \$25.00