

# L21 000 334606

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entry Name)

\_\_\_\_\_  
(Document Number)

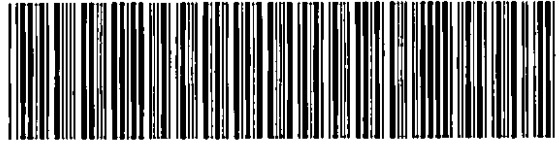
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2022 APR 25 PM 3:05  
CLERK OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CREATOR REMODELING LLC

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:

ALEJANDRO PICHARDO

Name of Person

ACCOUNTING CENTER OF ORLANDO LLC

Firm/Company

1706 E SEMORAN BLVD STE 103

Address

APOPKA, FL 32703

City/State and Zip Code

APICHARDO@ACCOUNTINGORL.COM

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

For further information concerning this matter, please call:

ALEJANDRO PICHARDO

407

407-5747340

at ( )

Name of Person

Area Code

Daytime Telephone Number

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)

☐ \$60.00 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

2022 APR 25 PM 3:05  
OFFICE OF THE  
CLERK OF THE  
STATE  
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CREATOR REMODELING LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 07/23/2021 and assigned  
Florida document number L21000334606.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company 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 applicable:

(Principal office address MUST BE A STREET ADDRESS)

212 N LONE OAK DR APT 1

LEESBURG, FL 34748

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

212 N LONE OAK DR APT 1

LEESBURG, FL 34748

**FILED**  
2022 APR 25 PM 3:05  
CLERK OF CIRCUIT COURT  
HALL COUNTY, FL

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

ACCOUNTING CENTER OF ORLANDO LLC

New Registered Office Address:

1706 E SEMORAN BLVD STE 103

*Enter Florida street address*

APOPKA

*City*

, Florida 32703

*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.*

  
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>	<u>Address</u>	<u>Type of Action</u>
P	ERNESTO GRANAD CABRERA	10207 CARRIAGE GLEN CT	<input type="checkbox"/> Add
		TAMPA, FL 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CLARO AGUILAR	212 N LONE OAK DR APT 1	<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2022 APR 25 PM 3:06  
SEMI-ANNUAL  
TALLAHASSEE, FL

700

2022 APR 25 PM 3:06  
DEPT. OF STATE  
TALLAHASSEE, FL

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated JANUARY 6, 2022

CLARE AGUIAR

Signature of a member or authorized representative of a member

CLARO AGUILAR

Typed or printed name of signer

**Filing Fee: \$25.00**