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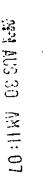
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Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Creative\ Name of Lin	y Cre, LLC .	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Cre	2Shanda L. Ril Name of Person	l
		Firm/Company	
	3220	Early Run L	ane
		City/State and Zip Code Vely Cre @ yak to be used for future annual report not	
	E-mail address: (Vely Cre @ yav to be used for future annual report not	ification)
For further information of	concerning this matter, please co		
Creshar Name o	dh L. Riley	at (386) 631 Area Code Daytin	- 5371 ne Telephone Number
Enclosed is a check for the	he 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF Creatively Cre, LLC

(Name of the Limited Liab)	lity Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability of Florida document number 210033920	Company were filed on 7 27 2021 and assigned
This amendment is submitted to amend the following:	- U -
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Pater and mailing address if anyticable	308
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:	ed office address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
New Registered Office Address.	Enter Florida street address
	\ Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	ed Agent:
provisions of all statutes relative to the proper and accept the obligations of my position as registered a	t and agree to act in this capacity. I further agree to comply with the complete performance of my duties, and am familiar with and agent as provided for in Chapter 605, F.S.Or, if this document is red office address. I hereby confirm that the limited liability of the confirmation
	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

CEO	Name	Address	Type of Action
	Creshanda L. Riley	13220 Early Run Ln Riverview, Fl 33578	Mdd
		Riverview, Fl 33578	} □Remove
MGR			□Change
	Taj R. Williams, Dr.	13220 Early Run Ln.	MAdd
		13220 Early Run Ln. Riverview, FL 3357	8 □Remove
			□Change
			□Add
			Remove
			Remove
			Add Remove
			Remove
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te: If the date inserted in thi	the date of filing: must be specific and cannot be prices block does not meet the applice Department of State's record	cable statutory filing re-	(optiona han 90 days after filin quirements, this day	g.) Pursua	nt to 605. t be liste
cord specifies a delayed effe s filed.	ective date, but not an effective	time, at 12:01 a.m. on th	ne earlier of: (b)	The 90th	day after
ed 8/24/	2021.	_ ·	,		