# L21000435704

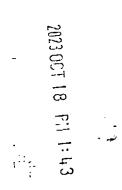
(Reque	stor's Name)	
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(City/Si	tate/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
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(Docun	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filin	ng Officer:	

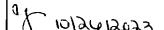
Office Use Only



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## **COVER LETTER**

FO: Registration Se Division of Cor		i
	E MIND TECHNOLOGY, LL	c
SUBJECT:	Name of Lim	ited Liability Company
Characterist Amilian of	Amendment and fee(s) are sub	writered for filing
		-
'lease return all correspo	ondence concerning this matter	to the following:
	James Larson	
	<del></del>	Name of Person
	CREATIVE MIND TECH	INOLOGY, LLC
		Firm/Company
	360 CENTRAL AVENUE	E. SUITE 800
		Address
	ST. PETERSBURG, FL 3	3701
		City/State and Zip Code
	jlarson197930@gmail.com E-mail address: (	to be used for future annual report notification)
For further information of	oncerning this matter, please c	
James Larson		678 817-8570
Name o	of Person	Area Code Daytime Telephone Number
Enclosed is a check for t	he following amount:	
<b>■ \$25.00</b> Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	/	
Mailing Address Registration		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632		The Centre of Tallahassee
Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 CCT 18 PH 1: 43

CREATIVE MIND TECHNOLOGY, LLC	C	,
(Name of the Limited Liab (A Flor	pility Company as it now appears on our rida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number 121000435704	Company were filed on October 5.	2021 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
VEGAS KING TECHNOLOGY, LLC		
The new name must be distinguishable and contain the words "l.	imited Liability Company," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)		
Timepai office unitess most be a street abi	URLSS/	<u></u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/or register agent and/or the new registered office address here		enter the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	1 address
		, Florida
	Ciţy	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	
	Luthorized Member	

<u>Title</u>	Name	Address	Type of Action
			□ Add
			Remove
		□Change	
			□ Add
			Remove
			Change
<del></del>			□Add
			□Remove
			□Change
			□Add
		🗀 Remove	
		□ Add	
		Remove	
		Change	
		□ Add	
		Remove	
			□ Change

#### Page 2 of 3

lfan	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Note	ctive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	October 17, 2023
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00