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COVER LETTER

TO: Registration Division of C						
	reationz LLC					
SUBJECT:	Name of Lin	ited Liability Company				
	of Amendment and fee(s) are sub	-				
Please return all corres	pondence concerning this matter	to the following:				
	Meagan A					
	 .	Name of Person				
	ZenBusiness Inc.					
		Firm/Company				
	336 E College Ave. Ste 30	I				
		Address				
	Tallahassee, FL 32301					
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notification	n)			
For further information	concerning this matter, please c	all:				
Meagan A. c/o ZenBu	siness Inc.	844 4936249				
Name	e of Person	Area Code Daytime Telep	phone 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy Fench			
Mailing Addi		Street Address:	້ວາ"` " "ເ			
Registration Division of	Section Corporations	Registration Section Division of Corporat				
P.O. Box 6:		The Centre of Tallah				
Tallahassee	. FL 32314	2415 N. Monroe Street, Suite 810 H				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cloud Kreationz LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{L21000493272}{L}$.	were filed on January 06, 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name</u>	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	11. (1.)
New Registered Agent's Signature, if changing Registered Agent:	•	Zip Code SEC
I hereby accept the appointment as registered agent and agrouped provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as plain filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am fa provided for in Chapter 605, F.S. Or i	inilian with and

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Persor (s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Membe

<u>Title</u>	Name	Address	Type of Action
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			□Remove
			□Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
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			□Remove
			Change
		——————————————————————————————————————	SECRETIONS OF STATE
			A Caremove
			SAM Defange
			□Add
			□Remove
			□Change

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ctive date, if other than the conjective date is listed, the date must	be specific and cannot be	pe prior to date of f	ling or more than 90	(option a days after fili	H) ng.) ⊈≙ rsu	a∰io 60:
If the date inserted in this blo iment's effective date on the De	ock does not meet the	applicable statut	ory filing requiren	nents, this da	ne jeij ne	o rb e list
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ord specifies a delayed effective	date, but not an effec	ctive time, at 12:	01 a.m. on the ear	lier of: (b)	またり The 90th	20 day afte
filed.				,	The 90th SEE,	至
Morah 12	2024				STA	8: 53
d	2024	·			THE THE	ည်
/s/ Iris Muhammad						
	Signature of a member of	or authorized repre	sentative of a memb	er		