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T. MATTHEWS MAR - 3 2022

COVER LETTER

Anna Carroll Name of Person Southeast Creative, UC Firm/Company 301 Heather Way Lane Address Thomasoille, GA 3,757 City/State and Zip Code Southeast Creative IIC @ amail.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: Anna Carroll Name of Person at 324 740-4494 Area Code Daytime Telephone Number	
SUBJECT:	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Anna Carroll Name of Person	
Southeast Creative, LLC	
301 Heather Way Lane	
Thomasville, GA 31757 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate of State (additional copy is enclosed) Certified Copy	

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

	- -	ou o. 15
C 11	- h - C 1' ·~	22 FET 91, PN 3: 15
Name of the Limited Liab	st Creative	ppears on our records.)
(A Flor	ida Limited Liability Compa	iny)
The Articles of Organization for this Limited Liability	C	Ton 24 2022
-		and assigned
Florida document number <u>L220000431</u>	olelo.	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability compan	ı <u>y here</u> :
The new name must be distinguishable and contain the words "I.	imited Liability Company," i	the designation "LLC" or the abbreviation "L.L.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	-	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Maining address MAT BE A POST OFFICE BOX		
		
B. If amending the registered agent and/or register	and office address on a	we records anton the name of the name and
b. If amending the registered agent and/or register agent and/or the new registered office address here		ur records, enter the name of the new regi
	_	
Name of New Registered Agent:		
Name of New Negistered Agent.		
New Registered Office Address:		
	Enter	r Florida street address
<u></u>		, 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 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>	Address	Type of Action
AMBR	Kaitlyn Lashley	301 Heather Way Lane	XAdd
	.,	Thomasville, GA 31757	
			□ Change
AMBR	Leslie Cooksey	301 Heather Way Lane	— [XAdd
		Thomasville, GA 31757	□Remove
			Change
			□Add
			□Remove
			Change
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in effective ote: If the	late, if other than e date is listed, the dat e date inserted in the s effective date on t	te must be specific his block does no	and cannot be prior of meet the applic	able statutory filing	(option re than 90 days after fi requirements, this	nal) iling.) Pursuant to 605. date will not be liste	0207 ed as
ecord spe is filed.	ecifies a delayed eff	fective date, but	not an effective t	ime, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after	the
ited	Feb. 21		_, <u>2028</u>	<u>2</u> .			
-	<u> </u>	nna (Signature o	OUTO	Orized representative	of a member		
	\wedge	^		ed name of signee			