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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GLOBAL SUCCESS INVESTMENTS LLC

Account Number : I20200000016

Phone : (954)903-4036

Fax Number

: (954)246-0340

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

r:1	Address:			
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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FL MARINE SUPPLY LLC

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TO:

Registration Section

## **COVER LETTER**

Division of Corp	porations			
	FL MARINE SUPF	PLY LLC		
UBJECT: Name of Limited Liability Company				
The enclosed Articles of A	Amendment and fee(s) are subm	sitted for filing.		
Please return all correspon	ndence concerning this matter to	the following:		
	JESSIKA CHACON			
		Name of Person		
	FL MARINE SUPPLY LLC	Ç.		
	Firm/Company			
	575 NE 5th Terrace apt 340			
	Address			
	Fort Lauderdale, Fl. 33301			
	nathaly.cuartas@taxcareinc.c	City/State and Zip Code		
	E-mail address: (to	be used for future annual report not	ification)	
For further information c	oncerning this matter, please ca	D:		
Nathaly Cuartas		954 9034036		
Name o	f Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check for the	he following amount:			
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		Street Address: Registration Se	ection	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

FL MARINE SU ( <u>Name of the Limited Liability Compa</u> (A Florida Limited I		<u>(5.</u> )
The Articles of Organization for this Limited Liability Company  Florida document number L22000050215	were filed on01/28/2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	Hity company here:	
Creative Florida Desing's LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	575 NE 5th Terrace Apt 340	202 SE
(Principal office address MUST BE A STREET ADDRESS)	Fort Lauderdale, FL, 33301	
	<del> </del>	- <del>                                     </del>
The second of analysis of anal	575 NE 5th Terrace Apt 340	Y OF
Enter new mailing address, if applicable:	Fort Lauderdale, FL, 33301	
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter	the name of the new reg
Name of tvoir (cognition 1.3g-1)	<del></del> -	
New Registered Office Address:	Enter Florida street addre	rss
	, <b>F</b>	lorida
	Cin	Zip Code
<del></del>	City	•

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.

rom:	Nathaly	Cuarlas	

Fax. 19542460340 To: Agent Amna Florida

Fax: (850) 617-6383

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\_ 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
***************************************			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		<u> </u>	□Add
			□Remove
			□Change
			□Add
			□Remove

Fav: (850) 617-6383

To; Agent Amnd Florida

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Page: 6 of 6

Fax: 19542460340

From: Nathaly Cuartas

JESSIKA CHACON

Typed or printed name of signee