

h22000099410

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

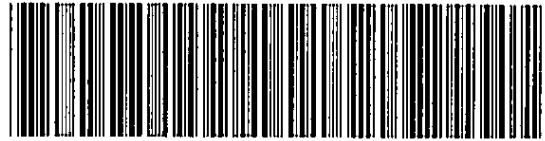
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

WJ



500391164675

07/19/2019 007--012 **25.00

FILED
2022 JUL 19 AM 11:31
SECRETARY OF STATE
HARRISBURG, PA 17107

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 12/12 Creations LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Reicilla Avila
Name of Person

12/12 Creations LLC
Firm/Company

12341 NW 11th St
Address

Pembroke Pines FL 33026
City/State and Zip Code

Ravila1291@yahoo.com
E-mail address: (to be used for future annual report notification)

STATE OF FLORIDA
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

2022 JUL 19 AM 11:31

FILED

For further information concerning this matter, please call:

Reicilla Avila at (954) 330-41250
Name of Person Area Code Daytime Telephone 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)

☐ \$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**

12/12 Creations LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Feb 24, 2022 and assigned Florida document number L220000099410.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2022 JUL 19 AM 11:31
TALLAHASSEE, FLORIDA
STATE
CLERK

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
City 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

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Pericilla Avila	12341 NW 11th St	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Pericilla Avila	12341 NW 11th St	<input checked="" type="checkbox"/> Add
		Pembroke Pines FL 33026	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JUL 19 AM 11:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 JUL 19 AM 11:37
SECRETARY OF THE
TALLAHASSEE COUNTY

FILED
2002 JUL 19 AM 11:37
U.S. District Court
FALLAS, TEXAS

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 13, 2022, 2022

~~Rivella Anta~~

Signature of a member or authorized representative of a member

Picilla Luda

Typed or printed name of signee