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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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22 APR 29 AM 8: 37

T. MATTHEWS JUN 21 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Crechive Concept LED 11C 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:
Samantha Perkey Name of Person
Creative Cerrept LED LLC
11801 Meadow Branch Dr. Apt. 615
Olario Fl. 32825 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Sommitta Polyou at (263) 1632 - 3000 Name of Person at (263) 1632 - 3000 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
☐ \$25.00 Filing Fee

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 ORCANIZATION...

ARTICLES OF ORGANIZATION RETARY OF STATE OF ORTHORATION.

22 APR 29 AM 8: 37

(Name of the Limited Plantill	ty Company as it now appears on our a Limited Liability Company)	records.)
(A Florida	a Limited Dabinty Company)	
The Articles of Organization for this Limited Liability C	Company were filed on March	30 2022 and assigned
Florida document number L22000153509		, <u> </u>
Florida document number [22121]	 ·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation	n "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
		
Parama and the state of the state of		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records.	enter the name of the new registered
None of None Devisional Assets		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	address
		. Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

 \bigcap

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>	Address	Type of Action
MGK	Samonther Perkiy	11801 Mendow Branch Or, Apr	1015 Add
		010mlo .7 32825	□Remove
			🗆 Change
AMBL	Anibal Muniz	1180/1 Heada W Branch Dr. A	<u>Md</u> Sadd
		<u>Orlando Fl. 32825</u>	□Remove
			□Add
			□Remove
			Change
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			□Remove

Effective date, if other than the date of filing: May 12 2022 (optional) Lan 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 Nate: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as locument's effective date on the Department of State's records. The 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 distribution of the specifies and the specifies are specified and the specifies are specified and the specifies and the specifies and the specifies are specified and the specifies and the specifies are specified and the specifies and the specifies are specified and the specifies are specified and the specifies and the specifies are specified and the	-	
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Samortha Parkey		
Signature of a member of authorized representative of a member	ated	April 27th 2022.
Signature of a member or authorized representative of a member		Samortha Perkey
		Signature of a member or authorized representative of a member

Filing Fee: \$25.00