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COVER LETTER

TO:

	Registration Sec Division of Corp			
CIID IF		y Creative I.I.C		
SUBJEC	.1:		ited Liability Company	
The encl	osed Articles of a	Amendment and fec(s) are sub	omitted for filing.	
Please re	turn all correspor	ndence concerning this matter	to the following:	
		Zachary J Geerson		
			Name of Person	
		Thoughtfully Creative LLC	Ç	
			Firm/Company	
		1129 Sw 46th Street		
			Address	·
		Cape Coral, Fl, 33914		
			City/State and Zip Code	
		zjgeerson@gmail.com		
		E-mail address: (to be used for future annual report noti	fication)
For furthe	er information co	oncerning this matter, please ca	ali:	
Zachary.	J Geerson		562 4517371	
	Name of	Person	at () Area Code Daytim	e Telephone Number
Enclosed	is a check for the	e following amount:		
■ \$ 25.0	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 S	-	Street Address: Registration Se	ction
	Division of Co		Registration Se Division of Cor	
	P.O. Box 6327	-	The Centre of T	•
•	Tallahassee, F	L 32314	2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

I houghtfully Creative ILC		
(Name of the Limited Liability Compan (A Florida Limited L	i <mark>y as it now appears on our r</mark> lability Company)	ecords.)
The Articles of Organization for this Limited Liability Company vi Florida document number 1.22000166587	were filed on 04.0 2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(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 a agent and/or the new registered office address here:	ddress on our records, g	enter the name of the new registered
Name of New Registered Agent:	<u> </u>	
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 provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is

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>	Name	Address	Type of Action
AMBR	Zachary J Geerson	1129 SW 46th Street	
		Cape Coral, Fl, 33914	Πn
			■Change
			□Add
			□Remove
			□Change
		····	□Add
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			☐ Change

Hective	e date, if other than the date of filing: 05.10.2022 (optional)
fan effeet Note: If	tive 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 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as it's effective date on the Department of State's records.
record s d is filed	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 i.
Dated	4pr:1 29 , 2022
	Tulm + &
	Signature of a member or authorized representative of a member
	Zachary J Geerson

Filing Fee: \$25.00