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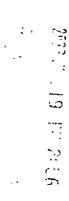
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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	GRUPO CR	EATIVO LLC				
30001.01.		Name of Lin	nited Liability Company			
The enclosed	1 Articles of A	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspor	ndence concerning this matter	to the following:			
		PABLO GONZALO LEV	Υ			
		·	Name of Person			
		GRUPO CREATIVO LLO	2			
			Firm/Company			
		5601 MAGGIORE STREI	EΓ			
			Address	· <u>-</u> · · ·		
	CORAL GABLES, FL 33146					
			City/State and Zip Co	xde		
		joaquin@consultingfirstcho	oice.com			2 9
		E-mail address: (to be used for future ann	ual report notifica	ation)	· ·
For further in	nformation co	ncerning this matter, please c	all:			•
JOAQUIN (3 NAVARRO)	385 at ()	2083393		9
	Name of	Person	Area Code	Daytime T	elephone Number	133 033 131 131 131
Enclosed is a	check for the	e following amount:				Ø)
≡ \$25.00 F	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	•	S60.00 Filing Certificate of Certified Co (additional cor	of Status & Opy
Reg Div P.O	iling Address gistration So vision of Co D. Box 6327 lahassee, F	ection orporations	Regi Divis The 0 2415	t Address: stration Sectionsion of Corpo Centre of Tal N. Monroe Schassee, FL 32	orations lahassee Street, Suite 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRUPO CREATIVO 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 I Florida document number 1.22000274734	iability Company were filed on	June 16, 2022 and assigned	
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability company	y here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," t	he designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STREET ADDRESS)			
		19	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	<u> </u>		
			
B. If amending the registered agent and/or agent and/or the new registered office address and of New Registered Agent:		ur records, enter the name of the new register	
Name Desirement Office Address.	6815 BISCAYNE BLVD STI	E 103132	
New Registered Office Address:	Enter Florida street address		
	MIAMI	, Florida 33138	
	1.112 12.11		

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
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			□Remove
		·	☐ Change
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fective date, if other than the date of filing:			(optional)
an effective date is listed, the date must be specific and cannot be one: If the date inserted in this block does not meet the	e prior to date of file	ing or more than 90 da	ays after filing.) Pursuant to 60
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ecord specifies a delayed effective date, but not an effective filed.	ctive time, at 12:0	1 a.m. on the earlie	r of: (b) The 90th day afte
ated July 12th 2023	·		
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Filing Fee: \$25.00