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SEP 2 8 2022 S. PRATHER

COVER LETTER

	on Section f Corporations
	ATIVE LÉARNING HUB LLC
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	Jose A Martinez
i	Name of Person
	Firm/Company
	13440 SW 62ND, APT G107
	Address
	Miami, FL 33183
	City/State and Zip Code andresmartinezinfo@gmail.com
 	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Jose A Martinez	305 713-9173
	at () Fame of Person Area Code Daytime Telephone Number
Enclosed is a check	c for the following amount:
□ \$25.00 Filing I	Fee ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Division P.O. Bo	tion Section Registration Section Tof Corporations Division of Corporations

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Creative Learning Hub LLC		2022 (ALL)
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our record la Limited Liability Company)	2022 JUL ALÜA İÂS
The Articles of Organization for this Limited Liability C	Company were filed on 07/01/2022	and assigned -
Florida document number L.22000296786	·	
This amendment is submitted to amend the following:		791807 71080 11.16
A. If amending name, enter the new name of the lin	nited liability company here:	
Creators Learning Hub LLC		
The new name must be distinguishable and contain the words "Lir	nited 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 ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	N .
		orida
	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>	Address	Type of Action
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			□Remove
			□Change
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Tective date, if other that an effective date is listed, the date: If the date inserted in the transment's effective date on	his block does not me	ect the applicable	ate of filing or more statutory filing re	(option than 90 days after the equirements, this	nal) iling.) Pursuant to 605 date will not be liste	.0207 ed as
ocard coorties a delayed et	fective date, but not a	an effective time.	at 12:01 a.m. on	the earlier of: (b)		
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is filed.		iember or authorize	d representative of	a member		192 JUL 11 PM

Filing Fee: \$25.00