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COVER LETTER

TO:	egistration Section vivision of Corporations	
SUBJE	: Willow Creative LLC	
BODGE	Name of Limited Liability Company	
The end	sed Articles of Amendment and fee(s) are submitted for filing.	
Please i	arn all correspondence concerning this matter to the following:	
	Merel Eisink-Sintes	
	Name of Person Willow Creative LLC	
	2424 Oakhend ch. Appt 1114	22
	Palm Harbor, FL, 34683	AUG 30
	City/State and Zip Code Mevel lisink bomail (om E-mail address: (to be used for future annual report notification)	AMIU: 23
For furt	information concerning this matter, please call:	53
M	Name of Person at (727) 465-4340 Area Code Daytime Telephone Number	
Enclose	s a check for the following amount:	
□ \$25	O Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	itus &
	Iailing Address: Street Address: Legistration Section Registration Section	
	Division of Corporations O Box 6327 The Centre of Tallahassee	
	THE I POINT OF A TRANSPORTED TO THE POINT OF	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Willow Creative L	LC
(Name of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co Florida document number <u>L220035</u> 3519	ompany were filed on $\frac{2000}{1000}$ and assigned.
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ted liability company here:

	ted Liability 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 ADDRI	ESS)
	<u> ω ΞΞΞ</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, enter the name of the new registered
Name of New Registered Agent:	Til Technologies LLC
New Registered Office Address: 352	Enter Florida street address
Pal	Enter Florida street address W Hav bor Florida 24684
New Registered Agent's Signature, if changing Degistered	Agant:

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 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
AB	Trii. Technologies LL	35246 US HWY 19N PMB:	<u> </u>
		Palm Harbor, FL, 346	§3 PRemove
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			□Add
			Remove
			Change
			JVISIONEGE CO
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Effective date, if other than the defan effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Dep	k does not :	meet the ap	plicable sta	of filing or mor tutory filing	(o e than 90 days a requirements,	ptional) after filing.) Purs this date will	suant to 605.9 not be liste	.0207 ed as '
record specifies a delayed effective of its filed.	date, but no	t an effectiv	ve time, at l	2:01 a.m. on	the earlier o	f: (b) The 90t	h day after	the
Dated August 25		, 20	22.					
10/15	~							
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