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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

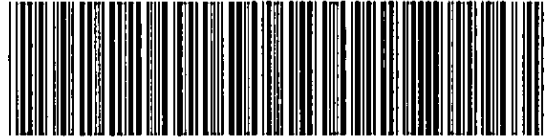
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A. RIVERS

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Creative Concepts Lifestyles LLC  
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:

Robert Norcross  
Name of Person

\_\_\_\_\_  
Firm/Company

3675 Lema Dr.  
Address

Spring Hill, FL 34609  
City/State and Zip Code

Robertjeremy1978@icloud.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Norcross at ( 352 ) 584-2179  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**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

Creative Concepts Lifestyles LLC  
(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**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>	<u>Address</u>	<u>Type of Action</u>
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AMBR	Jennifer Nigro	200 Finlay Ave. Staten Island NY, 10307	<input checked="" type="checkbox"/> Add
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AMBR  
MGR Robert, Norcross

*[The page contains faint horizontal lines, suggesting it was part of a lined notebook or document.]*

(If an 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 (3)(b)

If the record 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 record is filed.

Robert Norcross  
Signature of a member or authorized representative of a member

Robert Norcross  
Typed or printed name of signee