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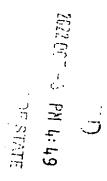
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COVER LETTER

TO:

Registration Section

Division of Corporations		
SUBJECT: CREATIVE CONCE	ents Lifestyles LLC inhited Liability Company	
The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matter	ter to the following:	
Robert	NoRCR055 Name of Person	
	Firm/Company	
3675 Lens	A DR. Address	
Robertiere	City/State and Zip Code	
For further information concerning this matter, please		
Robert Norcross Name of Person	at (352) 584-2179 Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee Sand Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certified Copy (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	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on 8 - 30 - 2022Florida document number 12200038133 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

New Registered Agent's Signature, if changing 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 **Title Address** Type of Action <u>Name</u> AMBR Jennifer Nigro 200 Finlay Ave Staten Island NY, 10307 Remove _____ □Change Kobert, Norcross _____ □ Remove _ Change □Add _____ □Remove _____ Change _____ □Add _____ □Remove ____ □Change ____ □Add ______ Петюvе ____ Change □Add Remove

Change

i. II amend	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: If	date, if other than the date of filing: (optional) ive 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) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the is effective date on the Department of State's records.
he record s ord is filed	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated C	Robert Norway
	Robert Volume Signature of a member or authorized representative of a member
	Robert Norcross Typed or printed name of signee