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(Re	questor's Name)	
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COVER LETTER

Division of Cor			*
	Kreative Kreations LLC		·
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Michelle Keener		
		Name of Person	
	Michelle's Kreative Kreatic	ons LLC	
		Firm/Company	<u>.</u>
	131 Royal Palm Dr		
		Address	
	Largo, FL 33771		
		City/State and Zip Code	
	wkeener23@gmail.com E-mail address: ()	to be used for future annual report notifice	ation)
For further information of	concerning this matter, please ca		
Michelle Keener		727 687-8019	
Name o	of Person	Area Code Daytime T	elephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		<u>Street Address:</u> Registration Secti	ion

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Michelle's Creative Creations LLC							
(<u>Name of the Limited Liabilit</u> (A Florida	ity Compan a Limited Li	y as it now apr ability Compan	ears on our reco y)	rds.)			
The Articles of Organization for this Limited Liability C Florida document number L22000432087	Company v	vere filed on	October 06, 20:	22	a	nd assig	gned
This amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limi	nited lia <u>bil</u>	ity company	here:				
Michelle's Kreative Kreations LLC							
The new name must be distinguishable and contain the words "Lim	nited Liabili	y Company," tl	ne designation "L	LC" or the	abbreviat	ion "L.L.	.C."
Enter new principal offices address, if applicable:							
(Principal office address MUST BE A STREET ADDR	RESS)						
							
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)							
B. If amending the registered agent and/or registered		ddress on ou	r records, ent	er t <u>he</u> na	me of t	ne new	registered
agent and/or the new registered office address here:							
Name of New Registered Agent:							
New Registered Office Address:							
New Registered Office Address.		Enter	Florida street add	ress			
				Fiorida	Ē;:	21.7	
		City		Fiorida ₋	; Zip	Code	
New Registered Agent's Signature, if changing Registere	ed Agent:				<u>-</u> };	· —	
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and c accept the obligations of my position as registered ageing filed to merely reflect a change in the registere company has been notified in writing of this change.	complete p agent as p red office o	performance rovided for i	of my duties, in Chapter 60.	and I ar 5, F.S. C	n famili r, if thi	ar with sidocun	and nent is

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>	Type of Action
		-	
			Remove
			□Change
			□Add
			□Remove
			□Change
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Effective date, if other than the fan effective date is listed, the date me Note: If the date inserted in this bedocument's effective date on the I	ist be specific at block does not	na cannot be prio meet the appli	cable statuto	ng or more man	(optiona 90 days after filir ements, this da	ig.) Pursuant to 69	05.0207 sted as
record specifies a delayed effecti d is filed.	ve date, but no	ot an effective	time, at 12:0	1 a.m. on the e	arlier of: (b)	The 90th day af	ter the
October 13		. 2022	·				
Michelle	Signature of	LLML a member or aut	horized repres	entative of a mer	nber		
(2)		<i>,</i> .	_				

Filing Fee: \$25.00