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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future ←annual report mailings. Enter only one email address please.**

≰⊄mail Address:_____

岩柱 LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DOOR FIVE CREATIVE LLC

Certificate of Status	0
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Door Five Creative LLC

(<u>Name of the Limited Liat</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L23000090567	Company were filed on 02/16/23	and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD)	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:		2023 (**) 2 2
	. Florida	. (b ⊒‡ _D (,
New Registered Agent's Signature, if changing Register	City	Zip Code_
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	nt and agree to act in this capacity. I further agr I complete performance of my duties, and I am f agent as provided for in Chapter 605, F.S. Or, cred office address, I hereby confirm that the lin	amiliar with and if this document 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>	Address	Type of Action
MGR	SKYE, SAORLAITH	1317 EDGEWATER DRIVE	
		SUITE 521	Z)Remove
		ORLANDO, FL 32804	[] Change
MGR	Gulsen, Ilkay	1317 EDGEWATER DRIVE	
		SUITÉ 521	
		ORLANDO, FL 32804	☐ Change
			
			□Remove
			□ Remove
			☐ Change
····			□Add
			□Remove
			Change
<u>.</u>		·	□Add
			Remove
			□Change

Effective date, if other than the date of filing: (optional) 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.) Put-mant to 605 0207. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a document's effective date on the Department of State's records. e 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 rd is filed. Dated June 22nd 2023 What Smith Signature of a member or authorized representative of a member		ation, enter change(s) here: (Attach additional sheets, if necessary.)	
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Filing Fee: \$25.00