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A. RIVERS
JUN 1 0 2023

## **COVER LETTER**

TO:

TO: Registration Division of 0	n Section Corporations				
CUBICZT.	IH CREATIVE SERVICE	ES LLC			
SUBJECT:	Name of Lin	nited Liability Company	<del></del>		
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
	GILBERTO HERN	IANDEZ			
	Name of Person				
	IH CREATIVE SE	RVICES LLC			
		Firm/Company			
		Address	<del></del>		
	ORLANDO FL 328	28			
		City/State and Zip Code			
	ivanconsultora@g	mail.com			
	E-mail address: (	to be used for future annual report not	tification)		
For further information	on concerning this matter, please e	all:			
GILBERTO HERNANDEZ		407 728-5447 at ()			
Nan	ne of Person	Area Code Daytin	ne Telephone Number		
Enclosed is a check for	or the 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 Address:		Street Address:			
Registration Section Division of Corporations		Registration Se Division of Co			
P.O. Box 6327			The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

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

IH CREAT	11VE SE	KVICES	LLC	

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{\text{MARZO}}$  7, 2023 and assigned Florida document number L23000119046 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: SANDRA RODRIGUEZ Name of New Registered Agent: 2212 SAW PALMETO LN APT 109 New Registered Office Address: Enter Florida street address , Florida <sup>328</sup>28 ORLANDO

## New Registered Agent's Signature, if changing Registered Agent:

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.

City

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
AP	SANDRA RODRIGUEZ	2212 SAW PALMETTO LN APT 109	□Add
		ORLANDO, FL 32828	■Remove
			Change
AMBR	GILBERTO HERNANDEZ	2212 SAW PALMETTO LN APT 109	<b>=</b> Add
		ORLANDO FL 32828	□Remove
			☐ Change
			□Add
			Remove
			□Add
			□Remove
			Change
			□ Add
			□Remove
			□Change
			🗆 Remove
			C.C.

. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
<del></del>	
Effective date, if other than the date of filing:	)207 (3 d as th
he 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 toord is filed.	the
Dated APRIL 10, 2023	
Signature of a member or authorized tepresentative of a member	
GREETO HERNAUDEE PENA	
Typed or printed name of signee	

Filing Fee: \$25.00