L23000202943

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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	M & G CREA	ATIVE SOLUTIONS LLC		
300acc1	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
		Sonia Becerra		
Name of Person				
Swyft Filings				
Firm/Company				
3 Greenway Plaza #1320				
Address				
Houston, TX 77046				_ ′. 20
		City/State and Zip Code		ZUZJIKAY
	ir	nfo@legalcorpsolutions.com	n	·
	E-mail address: (to be used for future annual report not	nication)	
For further information of	concerning this matter, please c	all:		8112: STA
Sonia Becerra		at (877) 777-0		
Name o	of Person	Area Code Daytin	e Telephone 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)	Certified (of Status &
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Se Division of Co	rporations	
P.O. Box 6327 Tallahassee, FL 32314		The Centre of T 2415 N. Monro Tallahassee, FI	e Street, Suite 81	0

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & G CREATIVE SOLUTIONS LLC

(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) hty Company)	
The Articles of Organization for this Limited Liability Company were Florida document numberL23000202943	re filed on04/25/2023	3 and assigned
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 C	Company," the designation "LLC" or	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		. 2
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	المالية المساورة
·)
Enter new mailing address, if applicable:		1 0
Muiling address MAY BE A POST OFFICE BOX)		
	- <u> </u>	50. 10
-	**************************************	——————————————————————————————————————
 If amending the registered agent and/or registered office addragent and/or the new registered office address here: 	ress on our records, enter the	name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	·
	City	Zip Code

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.

X 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

Title	<u>Name</u>	Address	Type of Action
AMBR	Jesse James	1023 HARVEST MOON DRIVE	(X /Add
	1023 Harvest Moun Drive	SEFFNER, FL 33584	Remove
	1023 Harvest Mun Drive Seffren Pla. 33584 (813) 454-6703		\ \to Change
			Remove
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