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COVER LETTER

TO: Registration Se Division of Cor			
TROPICAL	L HOME PROS, LLC		
SUBJECT:	Name of Lim	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:	
	Carol H Perry		
		Name of Person	
	Tropical Homes Pros, LLC		
		Firm/Company	
	1099 7th St		
		Address	
	Okeechobee, FL. 34974		
	homes@carolhazelperry.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information of	concerning this matter, please co	all:	
Carol H Perry		561 345-5478	
Name o	of Person	at ()	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addre</u>		Street Address:	
Registration		Registration Se	
Division of C P.O. Box 633		Division of Co The Centre of	

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL HOME PROS, LLC	
(<u>Name of the Limited Linbility Co</u> (A Florida Limi	ompany as it now appears on our records.) ited Liability Company)
The Articles of Organization for this Limited Liability Comp L23000382630 L23000382630	pany were filed on August 15, 2023 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
CREATE ENTERPRISES, LLC	
The new name must be distinguishable and contain the words "Limited I	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	<u> </u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	:
-	·
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	fice address on our records, enter the name of the new regi
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	LID CORE

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.

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
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
		🗆 Add	
			□Remove
			□Change
		□Remove	
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change

	reative design studio that seamlessly blends diverse forms of art to elevate the aesthetic experience
of	homes, businesses, and lives through both existing and commissioned designs.
W	are also committed to fostering a supportive environment and providing resources
for	emerging and experienced creators and entrepreneurs at every stage in order to bring
the	ir ideas to life.
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n effec i <u>te:</u> If	e date, if other than the date of filing:
ecord	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 d.
15 1110	-h
	2024 2024
F	Signature of a member or authorized representative of a member