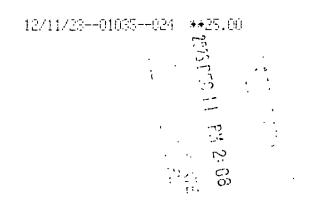
L23000539892

(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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COVER LETTER

Division of Cor				
CreatorLin SUBJECT:				
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:		
	Stefanie Schlang			
		Name of Person		-
	CreatorLink, LLC			
		Firm/Company		-
	1317 Edgewater Dr., #326	3		
		Address	- ·	
	Otlando, FL 32804			
		City/State and Zip Code		•
	contact@whataboutil.space	to be used for future annual re	mort martife valiant)	~
For further information of	concerning this matter, please c		port normality)	33.E38
Cary Skaggs		225 348- at () Area Code		
Name o	of Person	Area Code	Daytime 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 tadditional copy is enclosed.	Certifica Sca) Certifical	te of Status &
<u>Mailing Addre</u> Registration		<u>Street Add</u> Registrat	lress: ion Section	
Division of C	Corporations	Division	of Corporations	
P.O. Box 631	27	The Cent	re of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREATORLINK, LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lii	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 12/05/2023	and assigned
Florida document number L23000539892		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited</u>	Hiability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u>	
(Principal office address MUST BE A STREET ADDRES	<u></u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		يح ي
		(3) (3)
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	fice address on our records, enter the	name of the new registere
and and the new registered white address here.		
N. C.V. D. I		-5
Name of New Registered Agent:	· ·	
New Registered Office Address:		7. 22.
	Enter Florida street address	i - σ
	, Florid:	1
	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.

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
AMBR	Pius Felix Augustus Schlang	1317 Edgewater Dr., #3263	≣ Add
		Orlando, FL 32804	
			⊔Change
			🗀 Add
			□Remove
			□Change
-			DAdd
			☐Change
			DAdd
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Effective date, if other than the offective date is listed, the date must	late of filing:				optional)	٠٠٠ س
Note: If the date inserted in this blo-	ck does not me	et the applica	o date of thing or ble statutory fil	more than 90 day ing requirenwnt	s after filing.) Pi s, this date wil	il not be listed as
document's effective date on the De	nartment of Sta	te's records.				
e record specifies a delayed effective rd is filed.	date, but not a	n effective tin	ie, at 12:01 a.ir	, on the earlier	oti (b) The 9	0th day after the
December 7		2023				
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	57.12	<u>.</u> -				
Stationic	JON 1906.	7 Mober or author	rized renresentuti	ve of a member		

Filing Fee: \$25.00