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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Creative Cultura Marketing agency Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Karla Perez Name of Person
Firm/Company
17881 Quinn St Bonita) prings
Bonita Springs, Fl 34135 City/State and Zip Code
City/State and Zip Code Conclude Karla (a) Creative Cultura E-mail address: (to be used for future annual report notification) Warketing Cor
For further information concerning this matter, please call:
Kavia Pevez at (239) 3197575 Name of Person at (239) Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number <u>L 2400 00 20 705</u> 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 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 am nding 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
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ctive date, if other than the date of effective date is listed, the date must be spec-	cific and cannot be prior to	date of filing or more tha	(optional) n 90 days after filing.	.) Pursuant to 605,029
If the date inserted in this block doe ment's effective date on the Departme	es not meet the applical	ole statutory filing requ	irements, this date	will not be listed a
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ord specifies a delayed effective date,	but not an effective tim	e. at 12:01 a.m. on the	earlier of: (b) Th	ie 90th day after th
filed.				
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Karlly Signatur	are of a member of authori	zed representative of a m	ember	
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