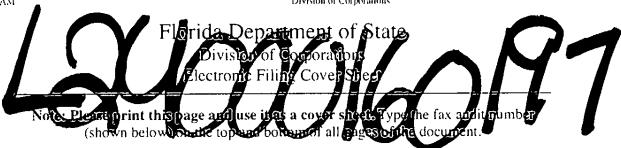
Division of Corporations 11/12/24, 10:11 AM



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CLEARPEAK CAPITAL LLC

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COVER LETTER

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SHRIECT	CLEARPE.	AK CAPITAL LLC		
NOBJECT	·	Name of Lim	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter		
		LOVETTE DOBSON		
			Name of Person	
			Firm/Company	
		17350 STATE HWY 249		
		HOUSTON, TX 77064	Address	
			City/State and Zip Code	
		EPILE1234@INCFILE.CO	M to be used for future annual report not	
For further	information c	email address: t oncerning this matter, please c	·	энсаноп
LOVETTI	E DOBSON		at ()	53
	Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed i	s a check for th	ne following amount:		
■ \$25.00) Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	lailing Addres		<u>Street Address:</u> Registration Se	vetion
D	egistration Solvision of C	orporations	Division of Co	rporations
	.O. Box 632 allabassee 1		The Centre of 2415 N. Monro	Fallahassee

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLEARPEAK (Name of the Limited Liability Compa (A Florida Limited	CAPITAL LLC any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company	were filed on 04/03/2024		and assigned
Florida document number 1.24000160197			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
KREATORLAB STUDIOS LLC			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:	56 Wapping Road		
(Principal office address MUST BE A STREET ADDRESS)	Kingston, MA 02364		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			72
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:			
		+1,	ω -
Name of New Registered Agent:		418 ±0	PH 12: 3
New Registered Office Address:		27	ι:: <u>ω</u>
	Enter Florida street address 💢 🐱		
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agriculture of all the statements of the statement of the statements of t	ee to act in this capacity		

Thereby 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

Page: 4/5 {((r1240003/30093)))

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Trevor King	56 Wapping Road	🗖 Add
		Kingston, MA 02364	□Remove
			■ Change
			□Add
			□Remove
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ffective date, if other than the dan effective date is listed, the date must tote: If the date inserted in this blococument's effective date on the Deportune	k does not meet the applicable	ate of filing or more than 90 as statutory filing requirem	(optional) lays after filing.) Pursount to 6 ents, this date will not be li	05.0207 sted as
record specifies a delayed effective Lis filed.	date, but not an effective time	at 12:01 a.m. on the earl	er of: (b) The 90th day af	ier the
ated November 12th	2024			
	ignature of a member or authoriz	(m.) V: 10		
	<u> </u>	W. NULQ		

Filing Fec: \$25.00

Typed or printed name of signee