L24000200555

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Tallahassee, FL 32314

TO: Registration Division of C	Section Corporations	
Garcia C	Creative LLC	
SUMPLET.	Name of Lin	nited Liability Company
The enclosed Articles	of Amendment and fee(s) are sub	emitted for filing.
Please return all corre	spondence concerning this matter	to the following:
	Natasha Garcia	
		Name of Person
	Garcia Creative LLC	
		Fim/Company
	14059 Riveredge Dr. Unit	5302
		Address
	Tampa, FL 33637	
		City/State and Zip Code
	hello@josiahgarcia.co	
For further informatio	E-mail address: (n concerning this matter, please c	to be used for future annual report notification)
Josiah Garcia		813 838-7252 at ()
	e of Person r the following amount:	Area Code Daytime Telephone Number
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■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Mailing Add		Street Address: Pagistration Section
Registration of	n Section Corporations	Registration Section Division of Corporations
P.O. Box 6		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garcia Creative LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Compan Florida document number L24000200555	y were filed on April 29, 2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC" or t	he abbreviation "L.L.C."
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 agent and/or the new registered office address here:	address on our records, enter the	name of the new regist
agent and/or the new registered ornice address here.		25
Name of New Registered Agent:		产工
New Registered Office Address:	Enter Florida street address	
		(T)
	, Florida	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 Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Josiah S Garcia	14059 Riveredge Dr. Unit 5302 Tampa, FL 33637	= Add
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			□Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to	o date of filing or me	(option ore than 90 days after the state of	iling.) Pursua	nt to 605.02
Note: If the date inserted in this block does not meet the applica document's effective date on the Department of State's records.	ble statutory filing	g requirements, this	date will no	t be listed
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record specifies a delayed effective date, but not an effective time	ne, at 12:01 a.m. c	on the earlier of: (b)	The 90th o	day after tl
rd is filed.				
Dated September 20 2024				
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Matasta Jaj	reia	at a manhar	<u> </u>	