

L24000274186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

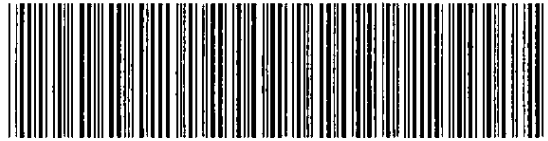
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2024 AUG 27 AM 9:46

CLERK OF COURT
TALLAHASSEE, FLORIDA

RECEIVED

2024 AUG 27 PM 3:23

TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: 120210000160: \$60.00_

AUTHORIZATION SIGNATURE: _____ *for the*

DKMO6 Creative LLC L24000274186

BUSINESS (Name)

Document #.

___ Walk in

___ Pick up time _____

___ Mail out

___ Will wait

___ Photocopy

___ **X** ___ Certified Copy

___ **X** ___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ CORP
___ LLLP

AMMENDMENTS

___ **X** ___ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissociation or Resignation
___ Merger
___ Conversion

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTIL () _____
Country

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Limited Partnership
___ Reinstatement
___ Trademark
___ STATEMENT OF AUTHORITY

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DKMO6 CREATIVE LLC
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:

KIMBERLY MYRON

Name of Person

Firm/Company

4106 W. HORATIO ST

Address

TAMPA, FL. 33609

City/State and Zip Code

KIMBERLY-MYRON@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KIMBERLY MYRON

Name of Person

at (206)

Area Code

650-9054

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
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

FILED

DKMOL CREATIVE LLC

2024 AUG 27 AM 9:47

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on JUNE 11, 2024 and assigned
Florida document number L24000274186

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MO CREATIVE LLC

The new name must be distinguishable and contain the words "Limited 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)

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

_____, 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.

2024 AUG 27 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2024 AUG 27 AM 9:47
CLERK OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated AUGUST 27, 2024

Signature of a member or authorized representative of a member

KIMBERLY MYRON
Typed or printed name of signee