L24000329127

(R	equestor's Name)	-
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	= #)
PICK-UP	TIAW	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
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entified Copies	Certificates	of Status
		
Special Instructions to	Filing Officer:	
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Office Use Only



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Registration Section Division of Corporations

1.61183	reatness Consulting LLC		
	Name of Lim	ited Liability Company	-
closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
return all correspo	endence concerning this matter	to the following:	
	Shavon Rahming		
		Name of Person	
	Creating Greatness Consul	ting LLC	
		Firm/Company	
	11231 US Hwy 1 Suite 33'	7	
		Address	
	North Palm Beach, FL 334	108	
		City/State and Zip Code	
	shavonrahming@gmail.con		
	E-mail address: (to be used for future annual report notif	ication)
arther information c	oncerning this matter, please c	all:	
on Rahming		561 324-4205	
Name o	f Person		Telephone Number
osed is a check for the	he 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

TO

ARTICLES OF ORGANIZATION **OF**

(<u>Name of the Lim</u>	ited Liability Compa (A Florida Limited)	iny as it now appears Liability Company)	on our records.)
rticles of Organization for this Limited Landscape adocument number L24000329127		were filed on 7/24	/2024 and assigned
mendment is submitted to amend the fol	lowing:		
amending name, enter the new name o	of the limited liab	pility company her	<u>e</u> :
v name must be distinguishable and contain the	words "Limited Liabi	lity Company," the des	signation "LI.C" or the abbreviation "L.L.C."
new principal offices address, if applicable:		11231 US Hwy 1	Suite 337
		North Palm Beac	h, FL 33408
new mailing address, if applicable: <u>Sing address MAY BE A POST OFFICE BOX)</u>			
amending the registered agent and/or and/or the new registered office addro		address on our re	cords, enter the name of the new regis
			ന റ
Name of New Registered Agent:	Shavon Rahmi	ng	·
New Registered Office Address:	11231 US Hwy	y 1 Suite 337	
		Enter Florid	da strect address
	North Palm Be		, Florida <u>33408</u>
		City	Zip Code

v Registered Agent's Signature, if changing Registered Agent:

Creating Greatness Consulting LLC

reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the visions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ng filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability apany has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

byed from our records:

Name	Address	Type of Action
Shavon Rahming	11231 US Hwy 1 Suite 337	ddd
	North Palm Beach, FL 33408	□Remove
		□Change
		□Add
		□Remove
		🗀 Change
		□Add
		Remove
		Change
		🗖 Add
		Remove
	 	Change
		🗀 Add
		Remove
		Change
	 	□Add
		□Remove
		□Change

					
					
					
		• .	·		
tive date, if other than the date fective date is listed, the date must be If the date inserted in this blocknent's effective date on the Depart	e specific and cannot be p k does not meet the ap	plicable statutory	or more than 90 days aft	tional) ter filing.) Pursuant to 605 his date will not be list	.0207 (3 ed as th
rd panol Gos a dalarmal accession of	late, but not an effective	ve time, at 12:01 a	.m. on the earlier of:	(b) The 90th day afte	r the
iled.	2024	4			
iled.	. 2024	- L			
November 11	ynature of a member of	authorized representa	- ntive of a member		

True To each