L24000516569

(Converted Marco)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Decument Number)					
(Document Number)					
Certified Copies Certificates of Status					

Special Instructions to Filing Officer:

Spoke Woustomer about correction.

She (Aubrey Birrell) said everything was good, not to correct anything.

So just filed Who changes.

2-20-25

Office Use Only



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2025 JAN 15 PM 5: 00

TIMED

COVER LETTER

TO: Registration Division of C				
	Deals LLC			
SUBJECT:	:	Name of Limited Liab	ility Company	
Dear Sir or Madam:				
	nt of Correction and feets) a	are submitted for filing	1.	
	spondence concerning this r			
Aubrey Birrell				
	Name of Person		-	
Prime Corporate Serv	rices			
	Firm/Company		-	
5250 S Commerce Di	r Ste 200			
	Address		-	
Murray, UT 84107				
	City/State and Zip Code		-	
llesupport@primecor	porateservices.com			
E-mail address:	(to be used for future annua	I report notification)	-	
For further informatio	n concerning this matter, pl	ease call:		
Aubrey Birrell		855	577-4639	
	ne of Person	at (Area Code	Daytime Telephone Number	
P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	2025 JAN 15 P
Enclosed is a check f	or the following amount:			
■\$25 Filing Fee	☐ \$30 Filing Fee & Certificate of Status	□\$55 Filing Fee & Certified Copy	□ \$60 Filing Fee. Certificate of Status & Certified Copy	CL SIVE

STATEMENT OF CORRECTION FOR FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605,0209, F.S., this document is being submitted to correct a previously filed document. FIRST: The name of the limited liability company is: Creative Deals LLC The Florida Document number of the limited liability company is: L24000516569 SECOND: Document to be corrected is: Articles of Organization for Florida Limited Liability Company THIRD: (CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows: The name and address of person(s) authorized to manage the LLC is AMBR - CAP Trusted Holdings LLC - 30 N. Gould St. Ste R. Sheridan WY 82801. The name of the member is incorrect. The name and address of the member should be La Vaquita Holdings LLC - 30 N. Gould St. Ste R. Sheridan WY 82801 <u>OR</u> Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows: ORThe electronic transmission of the record was defective. Signature of Authorizea Representative Signature of new registered agent, if applicable :(NOTE: if correcting the registered agent, the new registered agent must sign accepting the designation). accepting the designation). 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 nearly reflect a change in the registered office address. Thereby confirm that the limited liability company has been notified in writing of this change. Registered Agent's Signature

Filing Fee:

Certified Copy:

\$25.00

\$30.00 (optional)