

(Requestor's Name)
(Address)
(**************************************
(Address)
(City/State/Zip/Phone #)
(Oity/State/Zip/Filone #)
PICK-UP WAIT MAIL
(Duringer Fallin News)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



700452020107

##25.99 ##25.99

> 2025 JUN -5 PH 4: 56 SEOREIAN CERSINE TALLAHASSELS EN STORE

1875

COVER LETTER

TO:

Registration Section Division of Corporations

2110 H122P	F&C CREATIVE FINAN	CES LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	FELIPE	GOMEZ BOHORQUEZ	
		Name of Person	
	F&C CR	REATIVE FINANCES LLC	
		Firm/Company	
	1938	0 COLLINS AVE APT 301	
		Address	
	SUN?	NY ISLES BEACH, FL 33160	
		City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information	n concerning this matter, please c		
FELIPE GOME	Z BOHORQUEZ	at (_786) 531-8195	
	e of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check fo	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section Corporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

		E FINANCES LLC			
(<u>Name of the Limited Liah</u> (A Flori	ility Compar ida Limited L	ay as it now appears on our recornability Company)	<u>ds.</u>)		
The Articles of Organization for this Limited Liability Florida document number L25000144552	Company	were filed on MARCH 25 / 20	25	and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	mited lia <u>bi</u>	lity company here:			
The new name must be distinguishable and contain the words "L	imited Liabili	ity Company "the designation "LL	C" or the abl	previation "L.	L.C."
Enter new principal offices address, if applicable:	mice mon	19380 COLLINS AVE AI			
(Principal office address MUST BE A STREET ADL	ORESS)	SUNNY ISLES, FL 33160	0		
Enter new mailing address, if applicable:		19380 COLLINS AVE A	PT 301		
(Mailing address MAY BE A POST OFFICE BOX)		SUNNY ISLES, FL 3316	0		
B. If amending the registered agent and/or register agent and/or the new registered office address here Name of New Registered Agent:		ddress on our records, <u>ente</u>	r the name	025 JUN +	v registerec
New Registered Office Address:	19380 CO	OLLINS AVE APT 301	1 1 1		0 0 0 6
	SUNNY	Enter Florida street addre	ws :: :: !lorida :::	35160	
	_	City		Zip & Ode	

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

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MRG	SANDRA CASTELLANOS MUNOZ	19380 COLLINS AVE APT 301 SUNNY ISLES BEACH, FL 33160	= Add
			□Remove
MRG	DANIEL BUSTAMANTE CIFUENTES	19380 COLLINS AVE APT 301 SUNNY ISLES BEACH, FL 33160	Add
			□Remove
			□Change
			□Add
			Remove
		<u></u>	
			□Add
			🗖 Remove
			□Change
			□Add
			□Remove
			☐ Change
			\\ _\Add
			□Remove
			□ Change

If amending any oth	er information, enter change(s) here: (Attach additional sheets, if necessary.)
	
<u></u>	
-	04.401.(2025
Note: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 in this block does not meet the applicable statutory filing requirements, this date will not be listed as on the Department of State's records.
he record specifies a delayed ord is filed.	effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MAY 30	2025
	Holpe Come Bryse Typhature of a member of a member
	V
	FELIPE GOMEZ BOHORQUEZ Typed or printed name of signee

•

Filing Fee: \$25.00