Note: Pleas print thin page and use Pas a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000174611 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

••Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

| Email | Address: |  |
|-------|----------|--|
|       |          |  |

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN-CREATE GROUP NYC, LLC

| Certificate of Status | 0       |
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| Certified Copy        | 1       |
| Page Count            | 08      |
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## **COVER LETTER**

H23000174611

|                   |                                   |                         | 112500017401                           |
|-------------------|-----------------------------------|-------------------------|--|
| TO: Registra      | ition Section                     |                         |  |
|                   | of Corporations                   |                         |  |
|                   |                                   |                         |  |
| C                 | REATE GROUP NYC, LLC              |                         |  |
| SUBJECT:          | CEATE OROOF NTC, EEC              |                         |  |
|                   | Name of Forei                     | gn Limited Liability    | Company                                |
| D Ci M            | 1                                 |                         |  |
| Dear Sir or Mad   | iam:                              |                         |  |
| The enclosed ar   | oplication, certificate and fee(s | are submitted for fil   | ling                                   |
|                   | produces, commence and record     | , are submitted for in  | ing.                                   |
| Please return all | correspondence concerning the     | his matter to the follo | wing:                                  |
|                   |                                   |                         |  |
|                   |                                   |                         |  |
|                   |                                   |                         |  |
|                   | Name of Person                    |                         |  |
|                   |                                   |                         |  |
| CAPITOL CORP      | ORATE SERVICES, INC.              |                         |  |
|                   | Firm/Company                      |                         |  |
|                   | i min company                     |                         |  |
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| JID EAST PARK     | AVENUE, 2ND FLOOR                 |                         |  |
|                   | Address                           |                         |  |
|                   |                                   |                         |  |
| TALLAHASSEE       | FL 32301                          |                         |  |
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|                   | City/State and Zip Coo            | 1¢                      |  |
| TICTAVAINITIO     | LICATONI                          |                         |  |
| USTAX@INIZIC      |                                   |                         |  |
| E-mail addres     | s: (to be used for future annua   | d report notification)  |  |
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| For further info  | mation concerning this matter     | nlagge calls            |  |
| Tor further into  | mation concerning this matter     | , picase caii.          |  |
|                   |                                   | at (                    |  |
| ]                 | Name of Person                    | Area Code & D           | aytime Telephone Number                |
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| <u>Mailing A</u>  |                                   |                         | t Address:                             |
|                   | tion Section                      |                         | stration Section                       |
| P.O. Bo           | of Corporations                   |                         | sion of Corporations                   |
|                   | <del>-</del>                      |                         | Centre of Tallahassee                  |
| Tallahas          | see, FL 32314                     |                         | N. Monroe Street, Suite 810            |
|                   |                                   | Talla                   | ahassœ, FL 32303                       |
| Englose           | d is a check for the following    | r amount:               |  |
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|                   | Certificate of Status             | Certified Copy          | Certificate of Status & Certified Copy |

### APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

H23000174611

#### SECTION I (1-4 must be completed)

| State: CREATE GROUP NYC, LLC  |  |  |
|---|--|--|
| Enter new principal office address, if applicable:  | 300 VESEY STREET, 10TH F   | LOOR   |
| ( <u>Principal office address</u><br><u>MUST BE A STREET ADDRESS</u> )  | NEW YORK, NEW YORK 103   | 282  |
| Enter new mailing address, if applicable:   | 300 VESEY STREET, 10TH F   | LOOR   |
| ( <u>Mailing address</u><br><u>MAY BE A POST OFFICE BOX</u> )   | NEW YORK, NEW YORK 102   | 282  |
| 2. The Florida document number of this limited lia  | ability company is: M190000116   | 547  |
| 3. Jurisdiction of its organization: NEW YORK   |  |  |
| 4. Date authorized to do business in Florida: $\frac{12/9}{1}$  | 72019  |  |
| SECTION II (5-9 complete only the applicable  | changes)   |  |
| 5. New name of the limited liability company:   | VOKE CREATE, LLC   |  |
| (mus  | st contain "Limited Liability Con  | mpany, ""L.L.C.," or "LLC.")                                       |
| If name unavailable, enter alternate name adopted copy of the written consent of the managers or mamust contain "Limited Liability Company," "L.L.  | naging members adopting the al   | ousiness in Florida and attach a lternate name. The alternate name |
| <ol> <li>If amending the registered agent and/or register<br/>registered agent and/or the new registered office a</li> </ol>  | ed officer address on our record<br>ddress here:   |  |
| Name of New Registered Agent:   |  | <del></del>  |
| New Registered Office Address:  | Enter Florid   | a Street Address   |
|   | Lister 1 tortal  |  |
|   | City   | , Florida<br>Zip Code  |
| New Registered Agent's Signature, if changing Re  | egistered Agent:   |  |
| I hereby accept the appointment as registered age<br>the provisions of all statutes relative to the proper<br>and accept the obligations of my position as regist<br>document is being filed to merely reflect a change | nt and agree to act in this capac<br>and complete performance of m<br>tered agent as provided for in C | ry duties, and I am familiar with hapter 605, F.S. Or, if this     |

If Changing Registered Agent, Signature of New Registered Agent

liability company has been notified in writing of this change.

| If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: |                                      |   |               |  |  |  |  |
|--|--------------------------------------|---|---------------|--|--|--|--|
| tle/ Capacity  | Name                                 | Address T   | ype of Action |  |  |  |  |
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| aforementioned am  | he law of which this entity is organ | the official having custody of records in the ized. | _ □Remove     |  |  |  |  |
|  | Masam south M                        | he authorized representative                        |               |  |  |  |  |

Filing Fee: \$25.00

# STATE OF NEW YORK DEPARTMENT OF STATE

I hereby certify that the annexed copy for EVOKE CREATE, LLC, File Number 221208001867 has been compared with the original document in the custody of the Secretary of State and that the same is true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on May 10, 2023.

Brendan C. Hughes

**Executive Deputy Secretary of State** 

Braden C Hughen

Authentication Number: 100003472980 To Verify the authenticity of this document you may access the Division of Corporation's Document Authentication Website at <a href="http://ecorp.dos.ny.gov">http://ecorp.dos.ny.gov</a>

#### CERTIFICATE OF AMENDMENT

#### OF THE

#### ARTICLES OF ORGANIZATION

OF

#### CREATE GROUP NYC, LLC

Under Section 211 of the New York Limited Liability Company Law

FIRST: The name of the Limited Liability Company is Create Group NYC, LLC.

SECOND: The date of filing of the Articles of Organization is December 22, 2009.

THIRD: The amendment effected by this Certificate of Amendment is as follows:

Paragraph FIRST of the Articles of Organization, relating to the name of the Limited Liability Company, is hereby amended to read as follows:

"FIRST: The name of the limited liability company is Evoke Create, LLC."

(Signature Page Follows)

4084635,2 020608-9099-000

Filed with the NYS Department of State on 12/07/2022 Filing Number: 221208001867 DOS ID: 3891632

IN WITNESS WHEREOF, this Continues of American has been subscribed this <a href="mailto:re">re</a> day of <a href="December">December</a>, 2022, by the undersigned who affirms that the statements made herein are true under the penaltics of perjury.

CREATE GROUP NYC, LLC

By: Watermeadow Consulting USA, Inc., Its Sole Member

Amer Urhubar

Name: Amar Urhekar Title: CEO & President

4064636.2 020606-8909-000

# **UNI-37**

#### CERTIFICATE OF AMENDMENT

OF THE

ARTICLES OF ORGANIZATION

OF

CREATE GROUP NYC, LLC

Under Section 211 of the Limited Liability Company Law

DAVIS + GILBERT LLP 1675 Broadway New York, New York 10019

4084635.2 020606-8939-000

DRAWDOWN