## Division of Corporations

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To:

Division of Corporations

Fax Number : (E50)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*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 OGILVY PUBLIC RELATIONS WORLDWIDE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
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T. LEMIEUX MAR 1 6 2023

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

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

State: OGILVY PUBLIC RELATIONS WORLD	JWIDE LLC
Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address</u> <u>MAY BE A POST OFFICE BOX</u> )	N/A
2. The Florida document number of this limited li	ability company is: M23000002805
3. Jurisdiction of its organization: Delaware	
4. Date authorized to do business in Florida: 03/0	06/2023
SECTION 11 (5-9 complete only the applicable	changes)
5. New name of the limited liability company: \(\frac{\text{\text{\text{\text{\text{nut}}}}}{\text{(mut)}}	GA st contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopte- copy of the written consent of the managers or me must contain "Limited Liability Company," "L.L.	d for the purpose of transacting business in Florida and attach as anaging members adopting the alternate name. The alternate name of "LLC.")
registered agent and/or the new registered office a	~~~
Name of New Registered Agent: N/A	
New Registered Office Address:	Enter Florida Street Address 12
	. 0,
	. Florida City Zip Code
the provisions of all statutes relative to the proper	ent and agree to act in this capacity. I further agree to comply with ir and complete performance of my duties, and I am familiar with attered agent as provided for in Chapter 605, F.S. Or, if this is in the registered office address, I hereby confirm that the limited

If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  N/A							
8. If the amendment changes person, title or capacity in accordance with 605,0902 (1)(e), indicate that change:							
Title/ Capacity	Name	<u>Acidress</u> I	ype of Action				
MGR	ANDY MAIN	3 WTC, 175 Greenwich Sueet, 11th Floor	DbAd				
		New York, NY 10007	Remove				
MGR	DEVIKA BULCHANDANI	3 WTC, 175 Greenwich Street, 11th Floor	BAdd				
		New York, NY 10007	Remove				
			□Add				
			□Remove				
			🗀 Add				
			□Remove				
			©Add				
aforementic	sunder the law of which this entity is Signatu Stacey Ryan-Cornelius, M	organized) re of the authorized representative	□Remove				

Filing Fee: \$25.00