P09000016287

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: CREATIVE MAK	EOVER, INC.		·	
DOCUMENT NUMBE	ER: P09000016287				
	f Amendment and fee are sul	bmitted for filing.			
Please return all corresp	ondence concerning this ma	tter to the following	ng:		
(CINDY HING				
_	Name of Contact Person				
C	CREATIVE MAKEOVER, INC.				
_	Firm/ Company				
6	6800 NE 22ND WAY #2122				
-		Addre	ss —	,	
F	FORT LAUDERDALE, FL 33308				
-	-	City/ State and	Zip Code		
C	CINDYHINGTV@GMAIL.COM				
_	E-mail address: (to be us	ed for future annu	ial report i	notification)	
For further information	concerning this matter, pleas		5	803-3854	
	Contact Person	at (Aron Cod	e & Daytime Telephone Number	
	the following amount made p				
S35 Filing Fee	□\$43.75 Fiting Fee & Certificate of Status	S43.75 Filing Certified Cop (Additional co enclosed)	y	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)	
Amen Divisi P.O. E	ng Address dment Section on of Corporations lox 6327 assee, FL 32314		Divisior The Ce	address nent Section of Corporations ntre of Tallahassee . Monroe Street, Suite 810	

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

CREATIVE MAKEOVER, INC. (Name of Corporation as currently filed with the Florida Dept. of State) P09000016287 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006. Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A. 6800 NE 22ND WAY #2122 B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) FORT LAUDERDALE, FL 33308 C. Enter new mailing address, if applicable: 6800 NE 22ND WAY #2122 (Mailing address MAY BE A POST OFFICE BOX) FORT LAUDERDALE, FL 33308 D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address: MICHAEL J. SNYDER, ESQUIRE Name of New Registered Agent 3325 HOLLYWOOD BOULEVARD, SUITE 501 (Florida street address) HOLLYWOOD (City)

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

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

eck if applicable

The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Example:

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

X Change	\underline{PT}	John Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	WALTER EGERTON HING	335 PUFFER COURT
Add X Remove			KISSIMMEE, FL 34759
2)Change			
Add			
Remove Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		_	
Add			
—— Remove			

(Attach	ling or adding additional Articles, enter change(s) here: (dditional sheets, if necessary). (Be specific)
	· · · · · · · · · · · · · · · · · · ·
. Ifan a	endment provides for an exchange, reclassification, or cancellation of issued shares,
provis	ons for implementing the amendment if not contained in the amendment itself: not applicable, indicate N/A)
15	or appreciate. Indicate 1991)
<u>_</u>	

The date of each amendment(s)	adoption:	, if other than the
date this document was signed.		
Effective date if applicable:		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing requirements, this Department of State's records.	s date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without shareholder	action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for the amendm sufficient for approval.	ent(s)
	oproved by the shareholders through voting groups. The following start each voting group entitled to vote separately on the amendment(s):	lement
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by		
~~ 	(voting group)	
selec	director, president or other officer—if directors or officers have not be ed, by an incorporator—(fin the hands of a receiver, trustee, or other need fiduciary by that fiduciary)	
	CINDY HING	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	



April 14, 2024

CINDY HING 6800 NE 22ND WAY #2122 FORT LAUDERDALE, FL 33308

SUBJECT: CREATIVE MAKEOVER, INC.

Ref. Number: P09000016287

We have received your document for CREATIVE MAKEOVER, INC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please check the appropriate box on the amendment form regarding the adoption of the amendment(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler Regulatory Specialist II

Letter Number: 824A00008088