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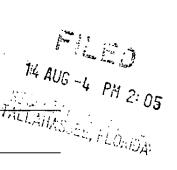
AUG 1 4 2014 C. CARROTHERS

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: CREATIV	'E MANAGEMENT GROUP, INC.
DOCUMENT NUMBER: P9700008	32391
The enclosed Articles of Amendment and fee a	re submitted for filing.
Please return all correspondence concerning this	s matter to the following:
ROBIN FAB	FR
11001117710	Name of Contact Person
	Firm/ Company
1142 PELICA	AN BAY DR.
DAYTONA E	Address BEACH, FL 32119
	City/ State and Zip Code
robinfaber@cre	ativemanagementgrp.com
E-mail address: (to	be used for future annual report notification)
For further information concerning this matter,	please call:
ROBIN FABER	at (386) 760-3790
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount m	ade payable to the Florida Department of State:
\$35 Filing Fee	& \$\subseteq\$\$\subseteq\$\$\$ \$\subseteq\$\$\$\$ \$\subseteq\$\$\$\$\$\$\$ \$\subseteq\$
Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation



CREATIVE MANAGEMENT GROUP, INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P97000082391

(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

ame must be distinguishable and con	tain the word "corporation," "co	empany," or "incorporated" or the
orp.," "Inc.," or Co.," or the desigr rd "chartered," "professional associa	nation "Corp," "Inc," or "Co". A	
Enter new principal office address, incipal office address	if applicable:	Ά
	——————————————————————————————————————	
Enter new mailing address, if appl (Mailing address <u>MAY BE A POST</u>		A
	nd/or registered office address in F	Florida, enter the name of the
	w registered office addresses	
new registered agent and/or the ne	w registered office address: ROBIN FABER	
	ROBIN FABER	AY DR.
new registered agent and/or the ne		
new registered agent and/or the ne	ROBIN FABER 1142 PELICAN B	ess)

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)

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.

<u>PT</u> ,	John Doc	
<u>V</u>]	Mike Jones	
<u>sv</u>	Sally Smith	
Title	Name	<u>Addres</u> s
S	RON ZUPANCIC	5151 NE 14TH COURT
		OCALA, FL 34479
		
СОВ	RUSSELL W FABER	10 CROOKED TREE TRAIL
		ORMOND BEACH,
		FL 32174
Т	RICH FABER	1142 PELICAN BAY DR.
		DAYTONA BEACH,
		FL 32119
s	JUSTIN WALKER	1142 PELICAN BAY DR.
		DAYTONA BEACH,
		FL 32119
AS	STACY LADAS	1142 PELICAN BAY DR.
		DAYTONA BEACH,
		FL 32119
Т	NICK WININGER	1142 PELICAN BAY DR.
		DAYTONA BEACH,
		FL 32119
	V SV Title S COB	Y Mike Jones SV Sally Smith Title Name S RON ZUPANCIC COB RUSSELL W FABER T RICH FABER S JUSTIN WALKER AS STACY LADAS

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)	E. If amending or adding additional Artic (Attach additional sheets, if necessary).	les, enter change(s) here: (Re specific)
F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself: (if not applicable, indicate N/A)		(De specific)
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	provisions for implementing the amen	dment if not contained in the amendment itself:
IN/A		
	N/A	
		•

The date of each amendment(s) adoption: 04/08/2014	, if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by"	
by" (voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated	
Signature Labin Faler	
(By a director, president or other officer – if directors or officers have not been	_
selected, by an incorporator - if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Kobin Faber	
(Typed or printed name of person signing)	
President	
(Title of person signing)	