122000056010

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| ' (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: Registration Se Division of Cor | | | |
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| Creative Co | omp Solutions, LLC. | 4 | |
| SUBJECT: | _ | ited Liability Company | |
| | · (value of Em | ned channey company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are sub | muted for thing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | Jena Caldwell | | |
| | | Name of Person | , , , , , , , , , , , , , , , , , , , |
| | Creative Comp Solutions, | LLC. | |
| | | Firm/Company | |
| | 1170 Tree Swallow Dr. #3 | 77 | |
| | | Address | |
| | Winter Springs FL 32708 | | |
| | | City/State and Zip Code | <u> </u> |
| | jena@creativecompsolution | | |
| | E-mail address: (| to be used for future annual report noti- | fication) |
| For further information c | oncerning this matter, please ca | all: | |
| Jena Caldwell | | 407 592-8607 | |
| Name o | f Person | at () Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| ■ \$25.00 Filing Fee | S30.00 Filing Fee & Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |
| | | | |

Mailing Address:
Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Creative Comp Solutions, LLC. | | |
|--|---|---------------------------------------|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records. Liability Company) |) |
| The Articles of Organization for this Limited Liability Company | y were filed on <u>02/02/2022</u> | and assigned |
| lorida document number L22000056010 | | |
| his amendment is submitted to amend the following: | | |
| a. If amending name, enter the new name of the limited lial | bility company here: | |
| he new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" | or the abbreviation "L.L.C." |
| nter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | |
| * | | · · · · · · · · · · · · · · · · · · · |
| | | |
| inter new mailing address, if applicable: | | <u> </u> |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| | | |
| 3. If amending the registered agent and/or registered office gent and/or the new registered office address here: | address on our records, enter the | ne name of the new registe |
| Ni ara a Chiara Daniatana di Alamata | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Promittee 1 and 11 | · |
| | Enter Florida street address | • |
| | , Flor | ridaZin Code |
| | City | Zip Code |

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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | Type of Action |
|--------------|--------------|-----------------------|----------------|
| MGR | Kevin Harris | 106 CANDLELIGHT WAY | 🗀 Add |
| | | MOORESVILLE, NC 28115 | ■Remove |
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| ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this bloocument's effective date on the December 1. | ock does not meet the applicab | date of filing or more than 90 day le statutory filing requiremen | (optional) rs after filing.) Pursuant to 605.0207 ts, this date will not be listed as |
| record specifies a delayed effective is filed. | e date, but not an effective time | e, at 12:01 a.m. on the earlier | of: (b) The 90th day after the |
| ited May 31 | 2024 | | |
| | ~ 4 | | |
| | \mathbf{i} | | |
| | Signature of a member of authori | zed representative of a member | 1 800 |