

109000002152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

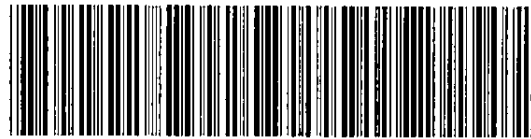
(Business Entity Name)

(Document Number)

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JUL 13 2017

J. SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BRITH SHOLOM LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ESTEFANO CRISAFI

Name of Person

BRITH SHOLOM LLC

Firm/Company

157 E NEW ENGLAND AVE STE 240

Address

WINTER PARK, FL 32789

City/State and Zip Code

RESIDENTIALGROUP@AOL.COM

E-mail address, (to be used for future annual report notification)

For further information concerning this matter, please call:

ESTEFANO CRISAFI

407 733-4018

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BRITH SHOLOM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 01-08-2009 and assigned Florida document number L09000002152.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NEW WORLD COMMERCIAL CREDIT LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

157 E NEW ENGLAND AVE

STE 240

WINTER PARK, FL 32789

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

157 E NEW ENGLAND AVE

STE 240

WINTER PARK, FL 32789

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida

City

17 JUL 11 AM 7:35
STATE OF FLORIDA
SECRETARY OF STATE

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 Changing Registered Agent, Signature of New Registered Agent

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>	<u>Type of Action</u>
MGR	JOSE L. CAMACHO	157 E NEW ENGLAND AVE.	<input type="checkbox"/> Add
		STE 240	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change
MGR	ESTEFANO CRISAFI	157 E NEW ENGLAND AVE.	<input type="checkbox"/> Add
		STE 240	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change
MGR	CARLOS M LAFONT	157 E NEW ENGLAND AVE.	<input type="checkbox"/> Add
		STE 240	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change
MGR	JUAN J LAFONT	157 E NEW ENGLAND AVE.	<input type="checkbox"/> Add
		STE 240	<input type="checkbox"/> Remove
		WINTER PARK, FL 32789	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

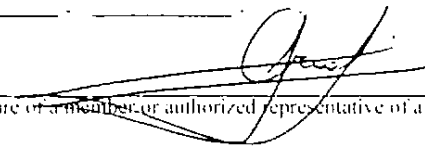
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STATE OF CONNECTICUT
DEPARTMENT OF STATE

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated _____



Signature of a member or authorized representative of a member

ESTEFANO CRISAFI

Typed or printed name of signee