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# **COVER LETTER**

Tallahassee, FL 32314

TO:	Registration Sec Division of Corp		
oun in		CREDIT RESULUTION, LLC	
SUBJEC	, [:	Name of Limi	ted Liability Company
The enct	osed Articles of A	Amendment and fee(s) are subr	mitted for filing.
Please re	eturn all correspon	dence concerning this matter t	to the following:
		JEROME DESGOUTTES	
			Name of Person
		MAINLINE PROPERTY II	NVESTMENT, LLC
			Firm/Company
		6632 DAHLIA DR.	
		<del></del>	Address
		MIRAMAR, FL 33023	
			City/State and Zip Code
		JEROMETHEINVESTOR@	
		E-mail address: (t	to be used for future annual report notification)
For furth	ner information co	ncerning this matter, please ca	all:
JEROME DESGOUTTES		3	954 483-3656 at ( )
	Name of	Person	at () Area Code Daytime Telephone Number
		e 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		Street Address: Registration Section
	Registration S Division of Co		Division of Corporations
	P.O. Box 632		The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAINLINE CREDIT RESOLUTION, LLC		
(Name of the Limited Liability Comps (A Florida Limited	nny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on March 06, 2019	and assigned
Florida document number L19000064965		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	· 2
MAINLINE PROPERTY INVESTMENT, LLC		100 Jan 175
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or t	he abbreviation "Q.C."
Enter new principal offices address, if applicable:	6632 Dahlia Dr.	13 b m
(Principal office address MUST BE A STREET ADDRESS)	Miramar, Fl 33023	180 P
		Mic or
Enter new mailing address, if applicable:	6632 Dahlia Dr.	PAE S
(Mailing address MAY BE A POST OFFICE BOX)	Miramar, Fl 33023	
B. If amending the registered agent and/or registered office:	address on our records ontor the	name of the new registeres
agent and/or the new registered office address here:	address on our records, enter the	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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>	Address	Type of Action
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			□Remove
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Note: If the d	e, if other than the date is listed, the date must late inserted in this block fective date on the Dep	se specific and canno ck does not meet th	e applicable stat		(optional) 90 days after filing. ements, this date	) Pursuant to 605.026	07 ( as tl
If the record spoint (b) The 90th	pecifies a delayed day after the reco	effective date, rd is filed.	but not an e	ffective time, a	t 12:01 a.m.	on the earlier	of:
Dated	MBER 3	, 201	_				
		( )	. 7	· · · · · · · · · · · · · · · · · · ·			
		Jaro Signature a membe	me ve	igoinces			

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Filing Fee: \$25.00