## 120000348570

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(Requestor's Name)
(Address)
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## FLORIDA DEPARTMENT OF STATE Division of Corporations

December 16, 2021

FABY ANGERVILLE P.O. BOX 2964 BRANDON, FL 33509

SUBJECT: A2Z FINANCIAL REPAIR LLC

Ref! Number: L20000348570

We have received your document for A2Z FINANCIAL REPAIR LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The wrong filing form was submitted. I am enclosing the correct form.

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) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 921A00030452

	•	COVER LETTER	·
TO: Registration S Division of Co			
SUBJECT:   A2	Z FINANC Name of Linu	IAL REPAIR ited Liability Company	Líc.
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	4
Please return all corresp	ondence concerning this matter	to the following:	
	- Fab	Y Angerville. Name of Person	
	P.O.	Firm/Company BOX 2964  Address	
ı	Brando Funge	Chy/State and Zip Code  Chy/State and Zip Code  Chy/State and Zip Code  Chy/State and Zip Code  Chy/State and Zip Code	Com!
For further information	concerning this matter, please co		· !
Faby An	gerville of Person	at ( <u>305</u> ) <u>923</u> Area Code Daytir	ne 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
			ı II

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

FILED

A 2 Financial Repair LLC SECRETORY GF STATE (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 11/03/2020 and assigned Florida document number \_\_\_\_\_\_ L 20000 348570

This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
A27 FINANCIAL SOLUTION	J LLC	
A 2 Z FINANCIAL SOLUTION The new name must be distinguishable and contain the words "Limited Liability".	ry Company," the designation "LLC" of the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	1315 Oakfield Drive,	
(Principal office address MUST BE A STREET ADDRESS)	Suite 2964	
I	Brandon, FL 33509	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
I		
B. If amending the registered agent and/or registered office ac	ddress on our records, enter the name of the new register	-ec
agent and/or the new registered office address here:		
Name of New Registered Agent:		
Near Paristered Office Address		
New Registered Office Address:	Enter Florida street address	
New Registered Office Address:	F9 - 1 1	
New Registered Office Address:	Enter Florida street address, Florida City Zıp Code	
New Registered Office Address:  New Registered Agent's Signature, if changing Registered Agent:	F9 - 1 1	

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records: MGR = Manager AMBR = Authorized Member Type of Action Address <u>Title</u> Name P.O. Box 2964 Angenille, Faby Change  $\square$ Add □Remove □Change  $\square$  Add □Remove □ Change  $\square$  Add □Remove □ Change  $\square$ Add □Remove Change □Add □Remove Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added

D. If amending any other information, enter change(s) here: (Attach additional sh	eets, if necessary.)	
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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 Note: If the date inserted in this block does not meet the applicable statutory filing required document's effective date on the Department of State's records.	90 days after filing.) Pursuant t rements, thi <b>s dat</b> e will not b	to 605.0207 (3)(b) e listed as the
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the crecord is filed.	earlier of: (b) The 90th day	y after the
Dated January 18 2022.		
Signature of a member or authorized representative of a me	niber	_
Faby Angerville Typed or printed time of signee		<del></del> -
Typed of printed dame of signee	<b>  </b>	

Filing Fee: \$25.00