

L17000037488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

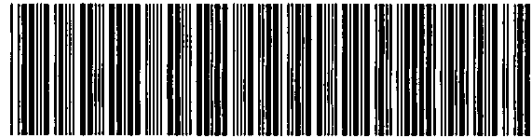
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUL 03 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LTJ Credit Boost, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lowell T. Jones Jr.

Name of Person

LTJ Credit Boost, LLC

Firm/Company

266 Cinnamon Ridge Ln

Address

Davenport, FL 33897

City/State and Zip Code

Support @ 25dollarcreditrepair.com

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

For further information concerning this matter, please call:

Lowell Jones

Name of Person

at (863)

Area Code

269-2965

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 19, 2017

LOWELL T JONES JR
266 CINNAMON RIDGE LN
DAVENPORT, FL 33897

SUBJECT: LTJ CREDIT BOOST, LLC
Ref. Number: L17000037488

RECEIVED
2017 JUN 20 PM 2:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for LTJ CREDIT BOOST, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Name of business is missing on document.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00012404

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

L TJ Credit Boost, 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 02/16/17 and assigned
Florida document number L17000037488

This amendment is submitted to amend the following:

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

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)

1802 North Alafaya Trail
Orlando, FL 32826

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1802 North Alafaya Trail
PMB # 324
Orlando, FL 32826

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:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr. STE 150A

Enter Florida street address

Tampa N/A LS Florida 33607

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.

N/A LS

Keeping Current

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>
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change

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TALLAHASSEE, FLORIDA

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

N/A

E. Effective date, if other than the date of filing: N/A (optional)

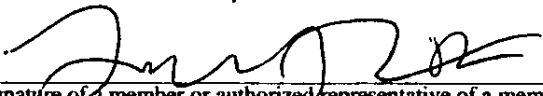
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 June 13, 2017.


Signature of a member or authorized representative of a member

Lowell T. Jones Jr.
Typed or printed name of signee

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TALLAHASSEE, FLORIDA