P21000103321

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A. BUTLER JAN 25 2022

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: Credit Impact solutions 2 COrp					
DOCUMENT NUMBER: <u>P21000103321</u>					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Karla L Hartinez Ruiz Name of Contact Person					
credit impact solutions 2 corp.					
10832 SW 243 St Address					
Homestead fl 33032 City/ State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Koyla L Maytinez Ruiz at (561) 528 6666 Name of Contact Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount made payable to the Florida Department of State:					
\$\ \$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\					
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of Corporations					

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment

to

Cwyit Impo	an solutions ? Cor
(Name of Corporation	ion as currently filed with the Florida Dept. of State)
P2100010	3321
	nent Number of Corporation (if known)
rsuant to the provisions of section 607,1006, Florida Articles of Incorporation:	a Statutes, this Florida Profit Corporation adopts the following amendm
If amending name, enter the new name of the co	orporation:
	The ne
me must be distinguishable and contain the word "conc.," or Co.," or the designation "Corp," "Inc." hartered," "professional association," or the abbre	orporation," "company," or "incorporated" or the abbreviation "Corp., "or "Co". A professional corporation name must contain the wor eviation "P.A."
Enter new principal office address, if applicable rincipal office address <u>MUST BE A STREET ADD</u>	
Enter new mailing address, if applicable:	av.
(Mailing address MAY BE A POST OFFICE BO	<u></u>
If amending the registered agent and/or register new registered agent and/or the new registered	red office address in Florida, enter the name of the
new registered agent and/or the new registered	onice address.
Name of New Registered Agent	
Name of New Registered Agent	(Florida street address)
Name of New Registered Agent New Registered Office Address:	(Florida street address) . Florida

Check if applicable \Box The amendment(s) is/are being filed pursuant to s. 607,0120 (11) (e). F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

President: $V \cdot V$ ice President: T = Treasurer: S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doc	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>SV</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	?	Arlex A Linares C.	
Add Remove			Homestead FL 33032.
2) Change			
Add			.,
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

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	NA
	/ * [/\
f an amandmant pracidae for an avahan	ge, reclassification, or cancellation of issued shares,
provisions for implementing the amendr	ment if not contained in the amendment itself:
(if not applicable, indicate N/A)	
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	MA
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The date of each amendment(s) adopt	tion: 12/21/202	, if other than the
late this document was signed. Effective date <u>if applicable</u> :	12/21/202	ment file date)
Note: If the date inserted in this block locument's effective date on the Depart		g requirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
The amendment(s) was/were adopted action was not required.	d by the incorporators, or board of directors w	rithout shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders was/were suffic	d by the shareholders. The number of votes client for approval.	ast for the amendment(s)
	ed by the shareholders through voting groups. It voting group entitled to vote separately on t	
<i>)</i>	the amendment(s) was/were sufficient for app	
by Kayla L	Martinez Rui	<u>2</u>
Dated12/2	1/2021	
selected, by	or, president or other officer – if directors or an incorporator – if in the hands of a receive iduciary by that fiduciary)	
_*	Covla 1 Martine	
	(Typed or printed name of person sign	ning)
	(Title of person signing)	