## 1050000 71888

(Re	equestor's Name)	
(Ac	ldress)	
(Ad	(dress)	
(Ĉit	ty/State/Zip/Phone #	)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Name	
(Do	cument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		819
	Office Use Only	ALIX



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087)7705--01009--023 \*\*30.00

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## TRANSMITTAL LETTER

TO: Registration Se Division of Cor					
SUBJECT: SUNRISE	CREDIT SERVICES, LLC				
	(Name of Li	imited Liability Company)			
	Amendment and fee(s) are su	-			
(	SIFFARD BULLEN				
_		Name of Person)		0	
				05 AUG 17 AM 9: 39 SECRETARY OF STATE TALLAH JESEE FLORIDA	
	(	Firm/Company)		場与コ	1
			•	F P	
PO BOX 2	8037,4	in the second second	;'	55 5:	
<del></del>		(Address)		<b>ET 39</b>	
TAN	/IPA, FL 33682				
	(City	/State and Zip Code)			
For further information of	concerning this matter, please	call:			
GIFFARD BUL	LEN	at ( 813 ) 786-133	37		
	(Name of Person)	(Area Code & Daytime	: Telephone Number)		
Enclosed is a check for the	following amount:				
3 \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fecertificate of Status Certified Copy (additional copy is a	s &	
STRE	ET ADDRESS:	MAILING ADDR	ESS:		

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

a "" #

SUNRISE CREDIT SERVICES, LLC

	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on JULY 15, 2005 and assigned document number L05000071888	
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the limited liability company:	
THE AMENDMEN ALICIA MCLEAN	T IS TO ARTICLE IV. MANAGER MEMBER CASSANDRA BARKSDALE WAS DELETE AS A MANAGER. WAS ADD AS A MANAGING MEMBER AND ADDRESS AT 3202 COLWELL AVE #1402 TAMPA, FL 3361	AND 4.
	SECRETARY OF STATE TALLAHASSEE FLORIDA	
Dated AUG	SUST 08 , 2005 .	
	Synature of a member or authorized representative of a member  GIFFARD BULLEN	
	Typed or printed name of signee	

Filing Fee: \$25.00