

LO60000 74945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400078491994

08/10/06--01027--005 \*\*25.00

FILED  
06 AUG 10 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CREDIT SOLUTIONS 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:

ANDREW EMERSON

(Name of Person)

(Firm/Company)

10017 SALINA STREET

(Address)

FORT MYERS, FL 33905

(City/State and Zip Code)

FILED  
06 AUG 10 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANDREW EMERSON

(Name of Person)

at ( 239 ) 404-0825

(Area Code & 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

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

**CREDIT SOLUTIONS LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 07/28/2006 and assigned document number L06000074945.

**SECOND:** This amendment is submitted to amend the following:

**TO ADD: JOHN J D'ANGELO JR AT 10017 SALINA STREET,  
FORT MYERS, FL 33905 TO THE L.L.C. AS A MANAGER/MEMBER.**

06 AUG 10 AM 11:08  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dated AUGUST 4, 2006.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**ANDREW EMERSON**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**