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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

FEB 1 0 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT:	redit I	Mage Service States Liability Company)	ies LLC
The enclosed Articles of Art	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	Mai a I mage	(Name of Person) Services Li (Firm/Company)	La 100
	1637 Missin	(Address) (Address) (City/State and Zip Code)	<u>eet 5</u> uite 136 1744
Nai da (Name of I		all: at 407 690 - (Area Code & Daytime To	elephone 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)	Section 1 Section 2 Sectio

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 ARTICLES OF ORGANIZATION OF

Credit Ima	ge Services LLC
(Name of the Limited Liability Compa (A Florida Limited D	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on ///5/2009 and signed SECRE CREETE
This amendment is submitted to amend the following:	9 (287 ED RP P)
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	1631 k. Vine Street
(Principal office address MUST BE A STREET ADDRESS)	Hissimmee H 34744
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent:	1 15 1/1 / / / / / / / / / / / / / / / /
New Registered Office Address:	(Enter Florida street address) (SIMMEL, Florida (Zip Code)
Now Desistered Agent's Signature if changing Degistered 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 608, 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.

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Address Type of Action** Name . **Title** Remove ☐ Add Remove Add 🗂 Remove Add Remove ∫ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Fig. 11 If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00