(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



600117591356

02/11/08--01012--007 **30.00

G. MCLEOD

FEB 12 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: AR Credit Advisors 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:
Andres A. Reyes (Name of Person)
An Credit Advisors LLC (Firm/Company)
11011 Sw 166th ter (Address)
Miami F1 33157 (City/State and Zip Code)
For further information concerning this matter, please call:
Andres B. Reyes at (786) 439-6809 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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/VISION OF CORPORATION TO ARTICLES OF ORGANIZATION FEB 11 PM 2: 00 OF

	ant Advis			
(Name of the Limited (A	Liability Company as Florida Limited Liabili	t now appears on our ly Company)	records.)	
The Articles of Organization for this Limited Li Florida document number <u> </u>		filed on <u>04/0</u>	2/200	22 and assigned
This amendment is submitted to amend the follo	owing:			
A. If amending name, enter the new name of	the limited liability of	ompany here:		
The new name must be distinguishable and end with	Advisors	LLC	,	
The new name must be distinguishable and end wit "L.L.C." B. If amending the registered agent and/oregistered agent and/or the new registered of	or registered office a		·	·
Name of New Registered Agent:	Andres	R. Reye	S	
New Registered Office Address:	11011 SE	u 1664h +	ev	
HOW ROGISTOR OF TRACES.	(Enter Florida street address)			
	Miami (Ci		Florida	3315 7 (Zip Code)

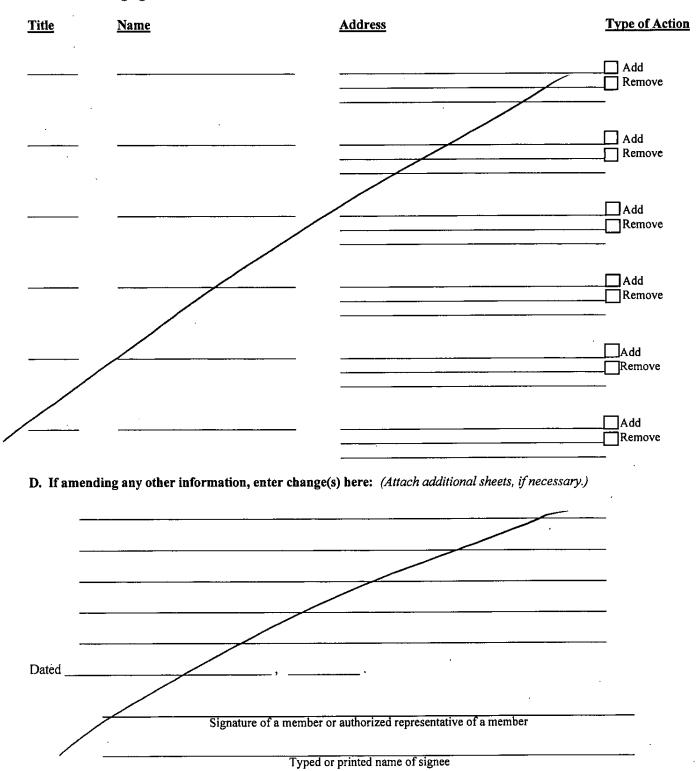
New Registered Agent's Signature, if changing Registered Agent:

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 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)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member



Page 2 of 2

Filing Fee: \$25.00