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SECRETERY OF STATE OIVISION OF CORPORATIONS

T. HAMPTON JUN 1 4 2011

EXAMINES

COVER LETTER

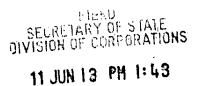
Registration Section Division of Corporations

TO:

٠,

SUBJECT: Credit Restoration And Investigation Group, LLC						
		nited Liability Company				
The enclosed Article	es of Amendment and fee(s) are su	ubmitted for filing.				
Please return all cor	respondence concerning this matte	er to the following:				
		Michael M. Montesanto				
		Name of Person				
		Firm/Company				
	15621 Peace Blvd. Address					
		Spring Hill, Fl. 34610				
	alc	City/State and Zip Code pantogether@gmail.com				
	E-mail address;	(to be used for future annual report no	otification)			
	ion concerning this matter, please					
	hael M. Montesanto me of Person	at (<u>813)</u> Area Code & Dayt	767-5047 inte Telephone Number			
Enclosed is a check	for the following amount:					
✓ \$25,00 Filing Fe	S30.00 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)			
Re Di P.	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314	STREET/COUR Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Credit Restoration And I	nvestigation (Group, LLC	
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appea Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	12/20/2007	and assigned
Florida document number L07000126291			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	oility company he	<u>re</u> :	
Lexicon Fina	ancial, LLC		
The new name must be distinguishable and end with the words "Lin" L.L.C."	ited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:	P.O. Box 113	307	
(Mailing address MAY BE A POST OFFICE BOX)	Spring Hill, F	i. 34610	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:	F.,	nter Florida street add	
	E.r.	ner Pioriaa sireet aaai	7 (2.5)
	City	, Florida	7in 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Type of Action Title <u>Name</u> Address ☐ Add Remove Add 🔲 Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) This will be a Mortgage Broker business. June 2 2011 Dated ___ Signature of a member or authorized representative of a member Michael Montesanto Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00