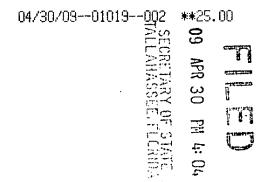
L08 000011880

. (Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
		,	
(Cit	ty/State/Zip/Phone #)	
		_	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Name)		
(Do	cument Number)		
Certified Copies Certificates of Status			
Cura sial (naturations An	595 - Office		
Special Instructions to	Filing Officer:		

Office Use Only



900154178699



S. HAWKES

MAY 0 4 2009

EXAMINER

COVER LETTER

~	
TO:	

Registration Section
Division of Corporations

SUBJECT: Total Credit Restoration Le
(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:

Etony Elphan
(Name of Person)

Total Credit Restoration (C
(Firm/Company)

1590 La Maderia DR SW
(Address)

PALM BAY EL 32908
(City/State and Zip Code)

For further information concerning this matter, please call:

Etony Eliphar at (954) 937-3444

(Name of Person) (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

	Oi	ľ		75 S	
Total Credit (Name of the Limited L (A F	les ton iability Compan lorida Limited Li	y as it now appears on lability Company)	our records.)	APR 30	
The Articles of Organization for this Limited Lia	bility Company	were filed on 756	01-200	and assig	ned (
Florida document number 1080000118	<u>80</u> .				:. ?
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t					
Total Loan Modifica The new name must be distinguishable and end with "L.L.C."	the words "Limit	d Crodit Ased Liability Company,"	estolal the designation	tion L.L. "LLC" or the abl	breviation
Enter new principal offices address, if applical	ble:	1590 La MA	deria De	RSW	
(Principal office address MUST BE A STREET	ADDRESS)	fAlm Br	AY FC	32908	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>0X)</u>	1590 La , PALM BA		14 DRS 32908	
B. If amending the registered agent and/or registered agent and/or the new registered offi			records, <u>enter</u>	the name of	the new
Name of New Registered Agent:		VY Eliph			
New Registered Office Address:	1590 L	O. MARLETIA S	MSW Florida street a	ddress)	
•	PAIN 1	,	, Florida	/	
	171	(City)	_ 	(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)

Page 1 of 2

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

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