## L0800037542

(Requestor's Name)
(Address)
(1001000)
(Address)
(City/State/Zip/Phone #)
(-1),-1111-1,-1
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashisas Charly Hamo)
(Document Number)
Certified Copies Certificates of Status
·Special Instructions to Filing Officer:

Office Use Only



800156495388

05/28/09--01018--008 \*\*30.00



S. HAWKES

MAY 2 9 2009

EXAMINER

## **COVER LETTER**

TO:	Registration S Division of Co							
SUBJE	СТ:	CREDIT PLI	JS SOLUTION LLC					
0000			ited Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:								
		r	DOUGLAS BRICENO					
			Name of Person					
		CREC	OIT PLUS SOLUTION LL	C				
		ONLL	Firm/Company	<u> </u>				
			31 SE 5TH ST #2604					
	٠		Address					
			MIAMI FL 33131					
			City/State and Zip Code					
		MMARTINEZ@	TOTALCORPCONSULTA to be used for future annual report no	ANTS.COM				
				otification)				
For furt	her information	concerning this matter, please of	call:					
	טטס	GLAS BRICENO	at ( 754 )	224-6765				
	Name	of Person	Area Code & Daytime Telephone Number					
Enclose	d is a check for t	the following amount:						
		\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	Regist Divisi P.O. B	LING ADDRESS: tration Section on of Corporations Box 6327 tassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive	porations 3				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	TPLUS SOLUTION L			
(Name of the Limited Lia (A Flo	<mark>bility Company as it now appe</mark> a rida Limited Liability Company)	rs on our records.		
The Articles of Organization for this Limited Liabil	ity Company were filed on	04/14/2008	and assigned	
Florida document number L0800003754	2			
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable	<b>:</b>		TAFE S	
(Principal office address MUST BE A STREET A	DDRESS)			
			<b>28</b>	
			E P	
Enter new mailing address, if applicable:			- Fin N	
(Mailing address MAY BE A POST OFFICE BO)	<u></u>			
B. If amending the registered agent and/or r registered agent and/or the new registered office		our records, <u>enter t</u>	he name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
_		, Florida		
	Citv		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

**F**...\$

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	BRICENO DOUGLAS A	31 SE 5TH ST #2604 MIAMI, FL 33131	✓ Add Remove
MGRM	BRICENO, FERNANDO	2433 CENTER GATE #105 MIRAMAR FL 33025	Add ✓ Remove
			Add Remove   Add   Add   Remove   Add   Add   Remove   Add   Ad
D. If amend	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary	·)
 Dated	MAY, 26TH	2009	
	,	ber or authorized representative of a member	<del></del>
		POUGLAS BRICENO ped or printed name of signee	
	1 9	pea or printed tianne of signee	

Page 2 of 2

Filing Fee: \$25.00