## L08000077971

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## **COVER LETTER**

Division of Cor	porations		
SUBJECT: CREDIT	TEC. LLC		
50B0EC1.	(Name of Limi	ited Liability Company)	<del>, , , , , , , , , , , , , , , , , , , </del>
The analogad Astistance	A d d. C(.) l.		
The enclosed Articles of .	Amendment and fee(s) are sub	mitted for ming.	
Please return all correspo	ndence concerning this matter	to the following:	
	James G Jimerson		•
		(Name of Person)	
	Creditec, LLC		
	Oreditec, EEO	(Firm/Company)	<u> </u>
	333 S Tamiami Trail, Suit	te 384	
		(Address)	
•	Venice, FL 34285		
	Verilice, 1 L 34203	(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
James G Jimerson		at ( 941 ) 223-0998	<del></del>
(Name o	of Person)	(Area Code & Daytime T	'elephone Number)
Enclosed is a check for th	e 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:

TO:

**Registration Section** 

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

CREDITEC, LLC		
( <u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appears on our record Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability	Company were filed on August 12, 2008	and assigned
Florida document number L08000077977		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
-		
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the designa	FM 00
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	<u>PRESS)</u>	28 ASS
		mg R IT
		LSI DO
Enter new mailing address, if applicable:		ORIDE ORIDE
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regi		nter the name of the nev
registered agent and/or the new registered office ad	dress here:	
N. CN. D. L. LA		
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida str	eet address)
	, Flori	
	(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)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM_	Carpenter, Thomas A Jr	5071 Egret Rd Venice, FL 34293	Add Remove
MGRM_	Jimerson, James G	9567 Gulfstream Blvd Englewood, FL 34224	Add Remove
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter cl	nange(s) here: (Attach additional sheets, if necessa	ry.) 
Dated August	21 20	008	OB AUG 28 AM IO: 52 SECRETARY OF STATE JALLAHASSEE FLORIDA
Dated August		ember or authorized representative of a member	ID: 52 STATE LORIDA
	James G Jimerson		
-	T	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00