

L10000025745

(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



500197246605

03/11/11--01015--017 **25.00

FILED
11 MAR 11 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 14 2011

EXAMINER

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Credit MRI 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:

Barry Reyes

Name of Person

Credit MRI LLC

Firm/Company

701 S Howard Ave Ste 106-399

Address

Tampa, FL 33606

City/State and Zip Code

Barron@creditmri.com

E-mail address: (to be used for future annual report notification)

FILED
11 MAR 11 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Barry Reyes

Name of Person

at (305)

763-0602

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**

Credit MRI LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 03/01/2010 and assigned
Florida document number L10000025745.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

701 S Howard Ave Ste 106-399

Tampa, FL 33606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

701 S Howard Ave Ste 106-399

Tampa, FL 33606

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

701 S Howard Ave Ste 106-399

Enter Florida street address

Tampa

Florida

33606

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Sean Yates	611 Lincoln Rd Ste 201 Miami Beach, FL 33139	☐ Add ☒ Remove
MGRM	Tom Voli	701 S Howard Ave Ste 106-399 Tampa, FL 33606	☒ Add ☐ Remove
MGRM	Edwidge Beaubrun	701 S Howard Ave Ste 106-399 Tampa, FL 33606	☒ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

Dated MARCH 7, 2011

Signature of a member or authorized representative of a member

Barry Reyes

Typed or printed name of signee

FILED
 MAR 11 PM 12:15
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA