110000053023

(Pa	questor's Name)	
(Re	questors Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	isiness Entity Nar	ne)
(4	-	,
(De	ocument Number)	
(1)	oument Maniper)	
Certified Copies	_ Certificates	s of Status
"		
Special Instructions to	Filing Officer:	
		į.
	,	
		!

Office Use Only



100181240721

05/24/10--01016--003 **25.00

10 MAY 24 AM 3: 12

T. HAMPTON

MAY 2 5 2010

EXAMINER

COVER LETTER

TO: • Registration Section

Division of Corporations				
eun recr.	SECOND CH	IANCE CREDIT LLC		
SUBJECT:		ited Liability Company	•	
The enclosed Articles of	of Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:		
		DIANA JELEN		
	*	Name of Person		
	JELEN ACCOUNTING SERVICES, INC.			
		Firm/Company		
	8181 NW 36TH STREET SUITE 6-A			
		Address		
		DORAL, FL. 33166		
	· <u></u>	City/State and Zip Code		
	JELENACCOL	JNTINGSERVICES@GMA	L.COM	
	E-mail address: (to be used for future annual report notif	ication)	
For further information	concerning this matter, please	call:		
	DIANA JELEN	at (_305_)	591-9180	
Name	of Person	Area Code & Daytim	e Telephone Number	
<u>.</u> .				
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$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)	
-				
Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COURI Registration Section Division of Corpo Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECOND C	HANCE CREDIT,	LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appea Limited Liability Company)	urs on our records,)		
The Articles of Organization for this Limited Liability C Florida document numberL10000053023	Company were filed on	MAY 17, 2010 and assig	gned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	tited liability company he	ere:		
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	pany," the designation "LLC" or the ab	breviation	
Enter new principal offices address, if applicable:			VIC.	
(Principal office address MUST BE A STREET ADD	RESS)		SION	
			2F.	
		-	SKE CKE	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	3	<u> 광</u> 유드	
(Mailing address MAY BE A POST OFFICE BOX)	*· 	<u> </u>	RATE	
		<u>n</u>	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of	the new	
Name of New Registered Agent:				
New Registered Office Address:			<u></u>	
	Enter Florida street address			
		, Florida		
	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>	Type of Action		
MGRM	GERMAN CARDOZA	8306 MILLS DRIVE SUITE 560 MIAMI, FL 33183	Add ☑ Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			□Add □Remove		
			Add Remove		
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	ت		
Dated	MAY 19 , 20	۷٥ .	SECRETARY OF STATE IVISION OF CORPORATIONS 10 MAY 24 AH 3: 12		
	Signature of a member	or authorized representative of a member			
	CHRIS	TOPHER COLSTON			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00