## L1000010735A

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CUTE TARY OF STATE

ALLAHASSEE, FLORID

D. BRUCE

DEC 7 2010

EXAMINER

## **COVER LETTER**

	ntion Section of Corporations					
SUBJECT:	MZE	Name of Limited		CRED IT	<u>c</u>	
The enclosed Arti	icles of Amendment	and fee(s) are submi	itted for filir	ıg.		
Please return all c	correspondence conce	erning this matter to	the following	ıg:		
		GRACE	DAV Name of	ILA-PENL Person	<u> </u>	_
	<u></u>	W26 L	Firm/Co		CREVIT	يد د
	<u></u>	14721	S W	IS9 PL		_
	<u> </u>	•		BELLS	SUTH.NE	10 DEC -6
For further inform	nation concerning th	is matter, please call	:		,	AME TO
GRA C	Name of Person	LA-PEREZ	at ( <u></u> 3	Area Code & Dayt	- 2100 ime Telephone Numb	<del></del>
Enclosed is a chec \$25.00 Filing		amount: Filing Fee & ficate of Status	Certific	filing Fee & ed Copy onal copy is enclos	Certific sed) Certific	Filing Fee, cate of Status & ed Copy onal copy is enclosed)

**MAILING ADDRESS:** 

TO:

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

(Name of the Limited Liability C	F CREPIT L	s on our records.)	
( <u>Name of the Limited Liability C</u> (A Florida Lim	nited Liability Company)	<del> </del>	
The Articles of Organization for this Limited Liability Con	npany were filed on	o/12/10 and assigned	
Florida document number L 10000 107353	<u>.                                    </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company her	<u>e</u> :	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compa	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u>SS)</u>		
		<u> </u>	
Enter new mailing address, if applicable:	•	SAN C	
(Mailing address MAY BE A POST OFFICE BOX)	,	143 -< O	
		77 5 11	
	<del> </del>		
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		ur records, enter the mame of the new	
Name of New Registered Agent:		1 444	
New Registered Office Address:			
	Ent	er 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** A. GARCIA 14501 MGRM ☐ Add Remove GARRIA 14501 MGR Add MIAMI Remove ☐ Add Remove Add Remove  $\square$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member DAVILA - PEREZ GRACE Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00