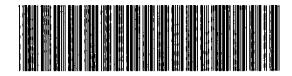
<u>L11000002100</u>

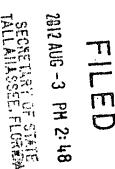
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J. BRYAN

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EXAMINER

COVER LETTER

TO:

TO: Registration Division of C			
SUBJECT:	Black Box Cre	Black Box Credit Technologies LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matter	r to the following:	
		David Bauer	
		Name of Person	
Black Box Credit Technologies LLC) 112
	超這九		
	220		
		Address	16-3 PA
		Valrico, FL 33596	TILLE PH 2: 48
		City/State and Zip Code	——————————————————————————————————————
	dav	e.bauer73@yahoo.com to be used for future annual report notif	
For further informatio	n concerning this matter, please		cation)
	David Bauer	at (_239_)	222-6566
Nam	e of Person	Area Code & Daytim	
Enclosed is a check for	or 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	n ations Inter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Black Bo	x Credit Technologie	s LLC
(<u>Name of the Limited Li</u> (A Fi	ability Company as it now apported Limited Liability Company	<u>ears on our records.</u>) /)
The Articles of Organization for this Limited Liab Florida document numberL1100000210		January 5, 2011 and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of th	e limited liability company h	<u>ere</u> :
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Con	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET A	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	- 10 mg ω
	·	mo ?
B. If amending the registered agent and/or registered agent and/or the new registered offic		our records, enter the name of the new
		F
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 Maricel Crespo MGRM 2208 Lithia Pinecrest Rd ___ Add Valrico, FL 33596 ✓ Remove ∏ Add Remove ☐ Add ☐ Remove ☐ Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) July 10 Dated Signature of a member or authorized representative of a member David Bauer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00