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COVER LETTER

TO: Registration Section
Division of Corporations

LOYAL FINANCIAL & CREDIT SERVICES, LLC

SUBJECT:

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:

Tiffany J. Eaton, Esq.

Name of Person

Cove & Associates

Firm/Company

225 S 21 Avenue

Address

Hollywood, FL 33020

City/State and Zip Code

tje@covelaw.com

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

For further information concerning this matter, please call:

Tiffany J. Eaton

_{at} 954 921-112

Name of Person

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

PD 0 7

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	_ & CREDIT SERVICES, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)		
The Articles of Organization for this Limited Liability Com	pany were filed on 11/03/2011	and assigned	
Florida document number L11000125562			
This amendment is submitted to amend the following:			
A. If amending name, <u>enter the new name of the limited</u>	l liability company here:		
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		2013	
(Principal office address MUST BE A STREET ADDRES	<u> </u>	PE TI	
		次第 一	
	-		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		3 3	
Muning address may be a lost of fice boa		199	
B. If amending the registered agent and/or registere	ad office address on our records enter	the name of the new	
registered agent and/or the new registered office addres		the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street address		
<u></u>	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name	Address <u>T</u>	ype of Action
MGRM	Kevin Guice	11549 LAKE UNDERHILL RD	✓ Add
		ORLANDO, FL 32825	Remove
			Add
		ित्र सम् १९८१ १९८१	Remove
		4 (** 	Add Add
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			Remove
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			Kemove

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Luda	1). Mallaly	
Signature of Linda McNealy	a member or authorized representative of a me	ember
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	2013 JUL 11 PH
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