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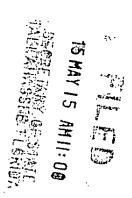
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J SHIVERS

## **COVER LETTER**

Div	ision of Cor	•	*. *						
SUBJECT:	AMERICA	N CREDIT SECURITY, LLC							
SUBJECT.		Name of Lim	ited Liability Company	<del></del>					
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.						
Please return	all correspon	ndence concerning this matter	to the following:						
		Craig Smith							
			Name of Person						
			Firm/Company						
		1410 SW 3rd St							
			Address						
		Pompano Beach, FL 33069	9						
			City/State and Zip Code	<del></del>					
		c.smithcypress@gmail.com							
		E-mail address: (	to be used for future annual report notifi	cation)					
For further in	nformation co	oncerning this matter, please ca	all:						
Trish Santos			561 910-0556						
	Name of	Person	Area Code Daytime	Telephone Number					
Enclosed is a	check for th	e following amount:							
■ \$25.00 F	iling 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

AMERICAN CREDIT SECURITY, LLC		
( <u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our records.) rida Limited Liability Company)	<u>_</u>
The Articles of Organization for this Limited Liability Florida document number L13000008000		and assigned
This amendment is submitted to amend the following:	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "L	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 AD	DRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered		SSE SE
B. If amending the registered agent and/or registered agent and/or the new registered office ac		H III
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Craig Smith	1410 SW 3rd St	
		Pompano Beach, FL 33069	Remove
			☐ Change
			Remove
			Change
			Add
			☐ Remove
			☐ Change
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Filing Fee: \$25.00