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(Re	equestor's Name)	
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PICK-UP	WAIT	MAIL
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

**UBJECT:** Miracle Ways Credit Repair LLC

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:

Antrina T. Birch

Name of Person

Miracle Ways Credit Repair LLC

Firm/Company

5604 bayberry lane

Address

Tamarac, Fl. 33319

City/State and Zip Code

Pinkysintlcafe@gmail.com

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

For further information concerning this matter, please call:

**Antrina Birch** 

954, 599 3150

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

rds.)

Miracle Ways Credit Repair LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 08/28/2013	and assigned
Florida document number L13000121913		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Miracle Ways Credit Restoration LLC		
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3800 Inverrary Blvd	
(Principal office address MUST BE A STREET ADDRESS)	suite 100F	
	Lauderhill, Fl. 33319	
	-	
Enter new mailing address, if applicable:	5604 Bayberry Lane	
(Mailing address MAY BE A POST OFFICE BOX)	Tamarac, Fl. 33319	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, enter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addres	······································
	Enter r tortaa street adares	33
<del> </del>		orida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	AMBR = Authorized Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action	
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amending any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)
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fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of red date this document is filed by the Florida Department of S	(optional) eceipt or filed date and cannot be more than 90 days after tate)
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and in Dil	· · · · · · · · · · · · · · · · · · ·
Antrina Birch	er or authorized representative of a member
Type	d or printed name of signee

Page 3 of 3

Filing Fee: \$25.00