

L13000145980

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

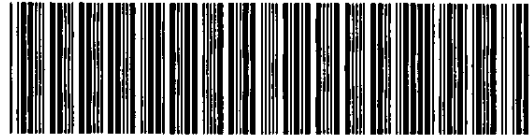
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000253634660

11/18/13--01004--015 **35.00

13 DEC -2 PM 12:04
FILING OFFICE
CLERK

J. Shivers DEC 03 2013

707



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2013

JOSEPH ABDON
5161 NW 79 AVE UNIT 11
DORAL, FL 33166

SUBJECT: CREDIT SHANTALL, LLC
Ref. Number: L13000145980

We have received your document for CREDIT SHANTALL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 813A00026732

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Credit Shantall, LLC
Name of Corporation

DOCUMENT NUMBER: L13000145980

The enclosed Articles of Correction and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Abdon
Name of Contact Person

Credit Shantall, LLC
Firm/Company

5161 N.W. 79 AVE. Unit #11
Address

DORAL, FL. 33166
City/State and Zip Code

CreditShantall@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph Abdon at (305) 842-0806
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Credit Shc tal, LLC

(Name of the Limited
(A)

Company as it now appears on our records.)
Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/16/2013 and assigned
Florida document number L13000145980.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "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 ADDRESS)

5161 N.W. 79 Ave Unit 11
Doral, FL 33166

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5161 N.W. 79 Ave. Unit 11
Doral, FL 33166

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

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

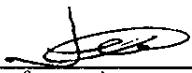
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 11/26, 2013.



Signature of a member or authorized representative of a member
Joseph Abdon

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 DEC -2 PM 12:04
RECEIVED
CLERK OF COURT
CLERK OF COURT