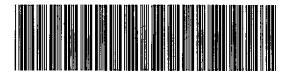
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

	gistration Section vision of Corpora				
SUDJECT.	CREDIT RE	PAIR NATION, LLC			
Name of Limited Liability Company					
The enclose	d Articles of Ame	endment and fee(s) are subr	nitted for filing.		
Please return	n all corresponder	nce concerning this matter t	to the following:		
	-		Name of Person		
	-		Firm/Company		
	-		Address		
	-		City/State and Zip Code		
	_	E-mail address: (t	o be used for future annual report not	fication)	
For further	information conce	erning this matter, please ca	ıll:		
	Name of Per	son	at ()	ne Telephone Number	
Enclosed is	a check for the fo	ollowing 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

CREDIT REPAIR NATION, 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 <u>03</u> Florida document number L14000042526 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ENDER SALCEDO	18815 18815 NE 21 AVE	Add
		N MIAMI BEACH, FL 33179	Remove
			Add
			Remove
			Add
			□ Remove
			Remove
			Remove Remove Remove Remove
			POP S Remove
			<u>-</u>
			□ Add
			Remove

. It amending any other information, enter change(s) h	ere: (Anach additional sneets, y necessary.)
•	
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt the date this document is filed by the Florida Department of State)	(optional) or filed date and cannot be more than 90 days after
Dated NOVEMBER 17 2014	
Mortill	1
Signature of a mendocase a ALVARO M. CASTILLO	thorized representative of a member
	anted name of signer

Page 3 of 3

Filing Fee: \$25.00

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