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SECRETARY OF STATE

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JIVISION OF CORPORATIONS
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R MASON

COVER LETTER

TO: Registration Se Division of Cor			•	•	
DEBITS N	CREDITS UNLIMITED, LLC	,			
SUBJECT:	Name of Lim	ited Liability Company	5 77 . Mar. 1		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing			
	ondence concerning this matter				
	CRAIG PLEDGER				
		Name of Person		-	
				_	
		Firm/Company			
	55 BOCA CHICA ROAD,			_	
	WEW DIEGT EL 22040	Address	·		
	KEY WEST, FL 33040	0: 10: 12: 0:1		-	
	KCRA1@JUNO.COM	City/State and Zip Code			
	E-mail address: (to be used for future annual re	port notification)		
For further information of	oncerning this matter, please c				
CRAIG PLEDGER	:	352 359-	-2050		
Name o	of Person	Area Code	Daytime Telephone Numbe	:r	
Enclosed is a check for t	he following amount:				
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifica osed) Certified	ate of Status & d Copy al copy is enclosed) ALCHE	SECRETA DIAISION O
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/ Registration Division of Clifton Bu 2661 Exec Tallahasse	-8 AM 4:07 TARY OF STATE ASSEE. FLORIDA	TAY OF STATE. F CORPORATION	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DEBITS N CREDITS UNLIMITE	,						
(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our i Liability Company)	ecords.)				
The Articles of Organization for this Limited I Florida document number L14000123923	Liability Company	were filed on AUGUST 7	, 2014	and a	ssigned		
This amendment is submitted to amend the fol	lowing:						
A. If amending name, enter the new name	of the limited liab	ility company here:					
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	"LLC" or the	abbreviation "	L.L.C."		
Enter new principal offices address, if appli	cable:	55 BOCA CHICA ROAI	O, #91				
Principal office address MUST BE A STRE	ET ADDRESS)	KEY WEST, FL 33040					
Enter new mailing address, if applicable:		55 BOCA CHICA ROAI	O, #91				
(Mailing address MAY BE A POST OFFICE	EBOX)	KEY WEST, FL 33040					
B. If amending the registered agent and registered agent and/or the new registered of	d/or registered of	ffice address on our re <u>e</u> :	cords, <u>ente</u>	er the name	of the nev		
Name of New Registered Agent:	CRAIG PLEDO	GER		SECH S	SECRETARION ,		
New Registered Office Address:	55 BOCA CHI	CA ROAD, #91		ASAR -8	OF C		
	KEY WEST	Enter Florida street d	address _, Florida		ED OF S		
		City		Zip Gode	, ≥≥		

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.

New Registered Agent's Signature, if changing Registered Agent:

f 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 = A	AMBR = Authorized Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action				
			Add				
			Remove				
			Change				
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			☐ Change				

Effective date, if other than the date of filing: Optional	If amending	g any other information,	enter change	(s) here: (Atta	ch additionai	sheets, if ne	cessary.)		
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