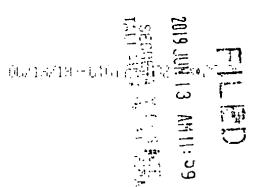
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COVER LETTER

Div	ision of Cor	porations				
SUBJECT:	Credac Mia					
SUBJECT:			ted Liability Company	· 		
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return	all correspo	indence concerning this matter (to the following:			
		Victoria Chavez Icaza				
Name of Person						
		Credac Miami LLC				
Firm/Company						
		17722 Pines Blvd				
			Address	 		
		Pembroke Pines, FL 33029	•			
	City/State and Zip Code candaexpenses@gmail.com					
		E-mail address: (t	to be used for future annual report	notification)		
For further in	nformation c	oncerning this matter, please ca	ill;			
Antonio J. C	Coa	561 8144558 				
	Name o	f Person		ytime Telephone Number		
Enclosed is a	a check for th	ne following amount:				
S25.00 F	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

TO:

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, FI. 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Credac Miami 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 March 24, 2015 and assigned Florida document number _____15000052498 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 contain 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 registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City

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 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 ac or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sansores, Camilo Sr	17722 Pines Blvd	
		Pembroke Pines, FL 33029	
			Remove
			Change
MGR	Chavez, Victoria	17722 Pines Blvd	
		Pembroke Pines, FL 33029	Add
			□ Remove
			Change
			Remove Change
			Remove
			Change
			□ Remove
			☐ Change
			Add
			☐ Remove
			Change

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			9
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(If an effective date is listed, the date mu	lock does not meet the applicable statu	(optional) filling or more than 90 days after filling.) Put utory filling requirements, this date wil	rsuant to 605,0207 I not be listed as
the record specifies a delaye The 90th day after the rec	d effective date, but not an efford is filed.	fective time, at 12:01 a.m. on	the earlier of:
Dated April 06	2019		
An	<u> </u>		
	Signature of a member or authorized repr	resentative of a member	
Antonio J. Coa			_
	Typed or printed name o	fsignee	-

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

Page 3 of 3

Filing Fee: \$25.00