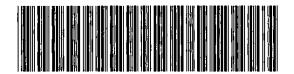
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| PICK-UP                 | ☐ WAIT             | MAIL      |
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| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
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Office Use Only



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2815 JUL -6 PK 3: 48

K. SALY EXAMINER JUL -8 2015

# **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: New Beginning Credit Solutions, 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:  |
| Johnathan Polanco<br>Name of Person  |
| New Beginning Gedit. Solutions, ILC  |
| 9619 Heron's Nest CT, Aft. 311   |
| Lake with F.L. 33467  City/State and Zip Code  New Beginning (Ted; + Solutions @ gmail. com  E-mail address: (to be used for future annual report notification)  |
| New Becinning (redit solutions @ gmail. com<br>E-mail address: (to be used for future annual report notification)  |
| For further information concerning this matter, please call:   |
| Tahnel Manco at (305) 505-7657  Name of Person Area Code Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$\$ \text{\$\Bigcup \text{\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)}}\$\$ \text{\$\Bigcup \text{\$\Bigcup \text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}}\$\$ \$\Bigcup \text{\$\Bigcup \tex |

### 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

# TO **ARTICLES OF ORGANIZATION OF**

|   | ICLES OF ORGANIZAT<br>OF   |   |                      |
|---|--|---|----------------------|
| NEW BEGINNS (Name of the Limit  | OF  TNG- (REDIT So  ted Liability Company as it now appear (A Florida Limited Liability Company) | 2015<br>DLUTIONS<br>Son our records.) ALLAR | FILED<br>LLO PH 3:48 |
| The Articles of Organization for this Limited L   |  |   | _and assigned//      |
| Florida document number <u>L   500008</u>   | 3296   |   |                      |
| This amendment is submitted to amend the follow   | owing:   |   |                      |
| A. If amending name, enter the new name of  | f the limited liability company h  | ere:  |                      |
| The new name must be distinguishable and contain the week the new principal offices address, if application of the contain the week that the new principal office address MUST BE A STREE | eable:   | esignation "LLC" or the abbrev              |                      |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)  | <u>BOX)</u>  |   |                      |
| B. If amending the registered agent and/<br>registered agent and/or the new registered of   |  | our records, enter the                      | name of the new      |
| Name of New Registered Agent:   | Johnathan  | Polanco                                     |                      |
| New Registered Office Address:  | 9619 Heron's<br>Enter Flor   | rida street address                         | •                    |
|   | Lake worth   | , Florida <u>3</u>                          | 3467<br>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

## or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>       | Address                                  | Type of Action   |
|--------------|-------------------|--|------------------|
| MGR          | Johnathan Rianco  | 9619 Heron's Nest CT.                    | <b>DP</b> Add    |
|              |                   | Apt. 3/1                                 | Remove           |
|              |                   | Lake worth, F.L., 33467                  | Change           |
| VP           | Johnathan Polanco | 9619 Heron's west CT.                    | Add              |
|              |                   | _ Sulte _ 3//                            | Remove           |
|              |                   | Lake Lorth, F.L. 37467                   | <u></u> □ Change |
| <u>_P</u>    | Jackelyn Polanco  | 9619 Heron's vist                        | <b>∑</b> □ Add   |
|              |                   | Suite, 311                               | Remove           |
|              |                   | Lake worth, F.L. 33467                   | • _□ Change      |
|              |                   |  | □ Add            |
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| ective date<br>n effective date: If the discument's eff | ite is listed<br>late insert | I, the date t<br>ted in this | must be spe<br>s block do              | ecific and ca<br>ses not me            | annot be<br>et the a | pplicable | statutory   | filing requ  | n 90 days af | tional)<br>ter filing.) Pr<br>his date wi | ursuant to 60:<br>Il not be list | 5.020<br>ted a   |
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| ed  |                              |                              |  | ······································ |                      |           |             |              |              |   |                                  |                  |
|   | سکا                          | Jo                           | hora                                   | than                                   | - /                  | BC        | ma          | <u>-</u>     |              |   |                                  |                  |
| 6/3d1   |                              |                              | Signat                                 | ture of a me                           | mber or              | authorize | d represent | ative of a m | ember        |   |                                  |                  |

Page 3 of 3

Filing Fee: \$25.00