

L15000083296

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(Business Entity Name)

(Document Number)

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2015 JUL -6 PM 3:48
TAXY OF STATE
TALLAHASSEE, FLORIDA

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
Name of Person

New Beginning Credit Solutions, LLC
Firm/Company

9619 Heron's Nest CT, Apt. 311
Address

Lake Worth, FL. 33467
City/State and Zip Code

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

For further information concerning this matter, please call:

Johnathan Polanco at (305) 505-7657
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following 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

TO
ARTICLES OF ORGANIZATION
OF

NEW BEGINNING CREDIT SOLUTIONS LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2015 JUL 28 PM 3:48
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/11/2015 and assigned
Florida document number L15000083296.

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 the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Johnathan Polanco
9619 Heron's Nest Ct. Apt. 311
Enter Florida street address
Lake Worth, Florida 33467
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 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.

Johnathan Polanco
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Johnathan Polanco	9619 Heron's Nest Ct.	<input checked="" type="checkbox"/> Add
		Apt. 311	<input type="checkbox"/> Remove
		Lake Worth, FL, 33467	<input type="checkbox"/> Change
VP	Johnathan Polanco	9619 Heron's Nest Ct.	<input type="checkbox"/> Add
		Suite 311	<input checked="" type="checkbox"/> Remove
		Lake Worth, FL, 33467	<input type="checkbox"/> Change
P	Jackelyn Polanco	9619 Heron's Nest Ct.	<input type="checkbox"/> Add
		Suite 311	<input checked="" type="checkbox"/> Remove
		Lake Worth, FL, 33467	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2018 JUL 1 PM 1:50
ALL MASS ELECTIONS
OFFICE OF THE
CLERK OF THE
SUPERIOR COURT
STATE OF FLORIDA

I want to change the registered agent to
Jonathan Polanco. And change Jonathan Blanco's
title from VP to MGR. Also want to
remove Jukelyn Polanco as Resident.

FILED
2015 JUL -6 PM 3:18
SECRET
KILLER

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated _____, _____.

6/30/15 Jonathan Blanco
Signature of a member or authorized representative of a member

Jonathan Polanco
Typed or printed name of signee