

L15000166251

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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NOTARY PUBLIC
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Providential Credit Restoration

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:

Ricardo Diaz

Name of Person

Providential Credit Restoration

Firm/Company

1501 Robie Ave

Address

Mount Dora, FL 32757

City/State and Zip Code

RickyD@ProvidentialCredit.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ricardo Christian Diaz

407 977-5112
at ()

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2015 NOV 23 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Providential Credit Restoration, 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 09/25/2015 and assigned
Florida document number L15000166251.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Providential Foundation, LLC

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:

424 E Central Blvd.

(Principal office address MUST BE A STREET ADDRESS)

NUM 502

Orlando, FL 32801

Enter new mailing address, if applicable:

424 E Central Blvd.

(Mailing address MAY BE A POST OFFICE BOX)

NUM 502

Orlando, FL 32801

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:

Ricardo Christian Diaz

New Registered Office Address:

424 E Central Blvd. NUM 502

Enter Florida street address

Orlando

Florida 32801

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.


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 added 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	Steve Diaz	1501 Robie Ave.	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Ricardo Diaz	1501 Robie Ave.	<input type="checkbox"/> Add
		Mount Dora, FL 32757	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Ricardo Christian Diaz	424 E Central Blvd.	<input checked="" type="checkbox"/> Add
		NUM 502	<input type="checkbox"/> Remove
		Orlando, FL 32801	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

ADD THE FOLLOWING EIN NUMBER IN PLACE
OF THE EXISTING.

NEW EIN NUMBER:

47-5425036

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

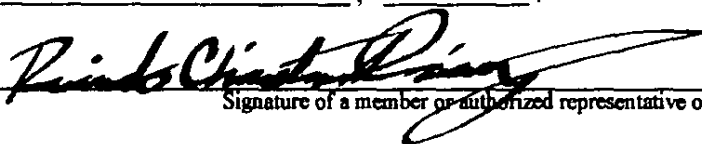
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 October 27, 2015


Signature of a member or authorized representative of a member

Ricardo Christian Diaz

Typed or printed name of signee