U500/81177

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV 25 2015

S. YOUNG

COVER LETTER

Divi	ision of Cor	rporations				
SUBJECT:	Credecom	Company LLC				
Sebuce.		Name of Lim	nited Liability Company			
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return	all correspo	ondence concerning this matter	to the following:			
		Anthony J. Parra				
			Name of Person		-	
			Firm/Company		_	
		1485 NE 121 St. Apt. D51				
			Address		-	
		North Miami, FL 33161		TALLE	SECR.	_
		jrym35@gmail.com	City/State and Zip Code	## ## ## ## ## ## ## ## ## ## ## ## ##	NOV 24	FILED
		E-mail address: (to be used for future annual report notifi	ication)	7g -	
For further in	iformation c	oncerning this matter, please co	all:	- 1	PN 4: 03	<u> </u>
Anthony J Pa	arra		407 446-7419		意用 品	
	Name o	f Person	at () Area Code Daytime	Telephone Numbe	·r	
Enclosed is a	check for th	ne following amount:				
☑ \$25.00 Fi	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	

TO:

Registration Section

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

	City	, riorias	Zip Code
		, Florida	
New Registered Office Address:	Enter F	lorida street address	
Name of New Registered Agent:			
		•	
B. If amending the registered agent and/or registered agent and/or the new registered officers.		on our records, <u>eñ</u>	Ret the name of the no
		(T	10 1 10 10 10 10 10 10 10 10 10 10 10 10 10
(Mailing address MAY BE A POST OFFICE B	<u> </u>		海2后—
Enter new mailing address, if applicable:		ALLA	SECRE F
(Principal office address MUST BE A STREET	ADDRESS)	<u> </u>	<u> </u>
Enter new principal offices address, if applicat	ole:		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the	designation "LLC" or the	he abbreviation "L.L.C."
A. If amending name, enter the new name of t	he limited liability company l	<u>here</u> :	
This amendment is submitted to amend the follow	ving:		
Florida document number L15000181177	 ·		
The Articles of Organization for this Limited Liab	oility Company were filed on _	0/26/2015	and assigned
(Name of the Limited	Liability Company as it now appe Florida Limited Liability Company	ars on our records.)	

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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Joseline D Rodriguez	1485 NE 121 St Apt D513 North M	■ Add
			□ Remove
			Change
			□ Add
			Change
			Add
		P	☐ Remove
		LAJAS	No Change
			 ' '
			FSTA FREMOVE
			Change
			🖸 Add
			🗆 Remove
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		32
Effe	ctive date, if other than the date of filing:	(optional)
l'an c	effective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requires.	90 days after filing.) Pursuant to 605.02
docu	iment's effective date on the Department of State's records.	rements, this date will not be fisted a
he r	ecord specifies a delayed effective date, but not an effective time, a	at 12:01 a.m. on the earlier
	ne 90th day after the record is filed.	
Th		
	11-1-15-0 10 0015.	
	NOVEMBER. 19 . 2015.	
	NOVEMBER. 19 . 2015. Signature of a member or authorized representative of a me	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00