

L15000181177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 02 2016

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CREDECOM COMPANY 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:

CARLOS FIGUEIRA

Name of Person

CLFC AND ASSOCIATES LLC

Firm/Company

8200 NW 41 STREET SUITE 200

Address

DORAL FL 33166

City/State and Zip Code

INFO@CLFCSOLUTIONS.COM

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

For further information concerning this matter, please call:

JOSELINE RODRIGUEZ

305 721-2988
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**

CREDECOM COMPANY 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 10/26/2015 and assigned
Florida document number L15000181177.

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:

3825 W 16TH AVENUE SUITE 5

(Principal office address MUST BE A STREET ADDRESS)

HIALEAH FL 33012

Enter new mailing address, if applicable:

SAME AS ABOVE

(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:

CLFC AND ASSOCIATES LLC

New Registered Office Address:

8200 NW 41 STREET SUITE 200

Enter Florida street address

DORAL

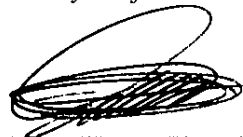
City

Florida 33166

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	JOSE R YEDRA	1485 NE 121 STREET # D513	<input type="checkbox"/> Add
		NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANTHONY J PARRA	1485 NE 121 STREET # D513	<input type="checkbox"/> Add
		NORTH MIAMI FL 33161	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOSELINE D RODRIGUEZ	3825 W 16TH AVENUE SUITE 5	<input type="checkbox"/> Add
		HIALEAH FL 33012	<input type="checkbox"/> Remove
			<input checked="" 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

FILED
16 MAY 26 AM 11:26
CLERK OF CIRCUIT COURT
JASSEL, FLORIDA

16 MAY 28 AM 11:26
FALLA HASSEE, FLORIDA
STATIONARY OF STAIR

16 MAY 26 AM 11:26
STATION: FALLAHASSEE, FLORIDA

100

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.

Dated MAY 25 2016

Signature of a member or authorized representative of a member

JOSELINE D RODRIGUEZ

Typed or printed name of signee