

L15000198 232

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2017 OCT -2 PM 12:37
TALLAHASSEE FL 32301
CLERK OF COURT
J. HARRIS

OCT 04 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A2Z Credit Solutions LLC
Name of Limited Liability Company

RECEIVED
2011 OCT -2 PM 12:26
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Peeples
Name of Person
A2Z Credit Solutions
Firm/Company
12421 N. Florida Ave Ste#122
Address
Tampa Florida 33612
City/State and Zip Code
a2zcreditsolutions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Peeples at (813) 846-5065
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

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 26, 2017

COURTNEY PEEPLES
12421 N FLORIDA AVE STE 122
TAMPA, FL 33612

SUBJECT: A 2 Z CREDIT SOLUTIONS " LLC"
Ref. Number: L15000198232

We have received your document for A 2 Z CREDIT SOLUTIONS " LLC" and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.," also are no longer acceptable. Please amend your document accordingly.

The entity's date of incorporation/organization must be listed in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 117A00019472

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2017 OCT -2 PM 12:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

A2Z Credit Solutions 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 11/24/2015 and assigned Florida document number L15000198232

This amendment is submitted to amend the following:

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

A2Z FINANCIAL ADVISORS 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:

(Principal office address MUST BE A STREET ADDRESS)

A2Z Financial Advisors
12421 N. Florida Ave Ste #122
Tampa Florida 33612

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:

Enter Florida street address

, Florida

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

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SECRETARY OF STATE

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 FALLS CHURCH
 VIRGINIA

[illegible]

11/24/2015

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 September 27, 2014

Signature

Typed or printed name of signee

100-443887-100

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