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J. HARRIS

COVER LETTER

TO:	Registration So Division of Cor					
eun n		EDIT RESTORATION LLC				
SUBJE	ECT:		nited Liability Company			
The en	closed Articles of	Amendment and feets) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		GUILLERMO DE HOWA	ARTZ			
			Name of Person			
11 & G CREDIT RESTORATION LLC						
Firm/Company						
18459 PINES BLVD STE 222						
			Address			
		PEMBROKE PINES, FL.	33029			
			City/State and Zip Code	, ,		
		GDHID@AOL.COM		·		
			to be used for future annual report notifi	ication)		
For fur	ther information c	oncerning this matter, please c	all:			
GUILLERMO DE HOWARTZ			954 446-9700			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclose	ed is a check for th	ne following amount:				
□ \$2:	5.00 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:

TO:

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

H & G 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 $\frac{01/06/2016}{1}$ and assigned Florida document number L16000004847 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 "LLC." 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: Enter Florida street address

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.

City

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	HEIMY WEEDEN	18459 PINES BLVD STE 222	B Add
		PEMBROKE PINES, FL 33029	5.0
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ffective	date, if other than	the date of filing	11/14/2017		(optional	1
l'an effectiv	date, if other than be date is listed, the date the date inserted in th	must be specific and	cannot be prior to	date of filing or more the	han 90 days after filing	2.) Pursuant to 605.020
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e record The 90	th day after the	record is filed.		an effective time	e, at 12:01 a.m.	on the earlier

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