## L16000001450

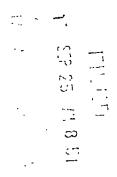
(Requ	uestor's Name)	
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Certified Copies	Certificates	s of Status
Special Instructions to Fi	ling Officer:	

Office Use Only



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## **COVER LETTER**

SUBJECT:	redit Medix LLC Name of Lim	ited Liability Company	
The enclosed Articles of	(Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	<u> </u>	Name of Person	
		A A Manual Person  Firm/Company	
		SW 115th AVE	
	Mills	rice: FL 33176 City/State and Zip Code	
		Cizar nedix.net	
For further information	concerning this matter, please ca		ut
Print Fri	Nordail of Person	at ( <i>T&amp;</i> ) <u>(45</u> Area Code Daytime	SOSY & C
Enclosed is a check for	the following amount:		
図 \$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
Clutton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENUMENT TO ARTICLES OF ORGANIZATION OF

Crodit medix LL		
(Name of the Limited Liability Compa- (A Florida Limited I	ny as it now appears on our records.) nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L 1600001456</u>	were filed on <u>01/11/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabit	ity Company," the designation "LI C" or the ab	breviation "L.L.C."
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 of registered agent and/or the new registered office address her	Tice address on our records, enter e:	the name of the new
		ν
Name of New Registered Agent:		
New Registered Office Address:	O Clarif and address	<u>ထ</u>
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
	, Florida Circ	Zip Code
	**** <b>.</b>	

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 util, name, and address of each person occurs added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
Wak	comm opportunities LIC	50 Albamba Cir #306	
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	ending any other information, enter change(s) here: (Attach additional sheets, if hecessary.)	
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If an effe <u>Note:</u>		rs 207 (3)
	ord specifies a delayed effective date, but not an effective time, at $12{:}01$ a.m. on the earlier $90$ th day after the record is filed.	of:
Dated	·	
-		
	Signature of a member of authorized representative of a member	
	Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00