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COVER LETTER

	istration Se sion of Cor			
SUBJECT:	Credit R	epair Svc. LLC.		
SUBJECT.	·	Name of Lim	ited Liability Company	
771 1 1	A ./ 1			
		Amendment and fee(s) are sub		
Please return	all correspo	ndence concerning this matter	to the following:	
		Charles A. Botero		
		-	Name of Person	
		Credit Repair Svc. LLC		
			Firm/Company	70
		14852 Golden Sunburst	Ave.	TED-3
		-	Address	
		Orlando, Fl 32827		2. 5. KA 3: 5.
			City/State and Zip Code	cation)
		Boterocab@gmail.com		
For further in	formation c	E-mail address: (oncerning this matter, please of	to be used for future annual report notificall.	cation)
		-		
Charles A. Botero		904 699-8102 at ()	<u> </u>	
Name of Person		f Person	Area Code Daytime	Telephone Number
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)	■ \$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		ation Section n of Corporations ox 6327	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cen Tallahassee, FL 323	tions ter Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Credit Repair Svc. LLC.			
(Name of the Limited) (A	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liab Florida document numberL16000065834	ility Company were filed on	04/04/2016	_ and assigned
This amendment is submitted to amend the follow	ing:		
A. If amending name, enter the new name of the	e limited liability company h	ere:	= PARTY
The new name must be distinguishable and contain the word	s "Limited Liability Company," the	designation "LLC" or the abbre	viation "L.B."
Enter new principal offices address, if applicab	le:		<u> </u>
(Principal office address MUST BE A STREET	ADDRESS)		70 77
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BC	<u></u>		25 F
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, <u>enter th</u>	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			1.4
	Enter Flo	orida 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

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>	Address	Type of Action
MGR	Charles A. Botero	14852 Golden Sunburst Ave. Orl	Add
			■ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			ALL AHASSEL
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(If an ef <u>Note:</u>	tive date, if other than the fective date is listed, the date in the date inserted in this ment's effective date on the	must be specific and ca s block does not me	annot be prior to dat et the applicable	te of filing or more tha statutory filing requ	(optional) n 90 days after filing.) Pur irements, this date will	suant to 605.0207 (3)(b) not be listed as the
	cord specifies a delay e 90th day after the r		te, but not an	effective time,	at 12:01 a.m. on	the earlier of:
Dated	01/31/2017					
Build	- / ///	01/2				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00