L16000085262

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Credit Experimental Name of Limited Liability Company	rts LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Marquisha Sr	nith
Name of Person The Credit Ex Firm/Company	Derts LLC
11717 Summer Sp	orings Dr.
Riverview FL City/State and Zip Code	, 33579
Credit queen 750 (E-mail address: to be used for future annual	report notification)
For further information concerning this matter, please call:	
Marquisha Smith at (954) Name of Person Area Code	055 - 9951 Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Sand Filing Fee Certificate of Status S55.00 Filing Fee Certified Copy (additional copy is en	Certificate of Status &

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

The Articles of Organization for this Limited Liability Company were filed on 4/29/2016 and assigned Florida document number _ LI 60000 85262 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 ne 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, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member **Type of Action Address** Title Name ☐ Remove ☐ Change □ Add □ Remove _ Change _□ Add ☐ Remove ☐ Change □ Add ☐ Remove _ Change □ Add ☐ Remove _□ Change □ Add ☐ Remove ☐ Change

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If an effecti Note: If t	date, if other than the we date is listed, the date mu he date inserted in this b 's effective date on the D	st be specific an lock does not :	nd cannot be pri meet the appl	ior to date of filin licable statutory	g or more than 90	(optional) days after filing.) dents, this date v	Pursuant to 605.0207 vill not be listed as
he recor The 90	d specifies a delaye oth day after the rec	d effective ord is filed	date, but i	not an effect	ive time, at	12:01 a.m. c	in the earlier of
Dated <u> </u>	5/15/2019	<u> </u>	12:0	lam			
		M. Signature of a	Smith member or au	lam,	ntative of a memb	er	
				-			

Page 3 of 3

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