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(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

MAR 08 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MyCreditFit LLC DBA InstaLoad
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Krystina Jackson
Name of Person
MyCreditFit LLC
Firm/Company
6387 Meadstone way
Address
Delray Beach FL 33484
City/State and Zip Code
myinstaload@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krystina Jackson at (303) 898-3736
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

MyCreditFit LLC DBA InstaLoad
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

InstaLoad LLC

6387 Moonstone way
Delray Beach FL 33484

6387 Moonstone Way
Delray Beach FL 33484

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REGISTERED AGENT
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
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TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated

Март 1, 2018

Signature of a member or authorized representative of a member

KRYSSTINA JACKSON
Typed or printed name of signee

Typed or printed name of signee

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Filing Fee: \$25.00

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