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SECRETARY OF STATE TALLAHASSEE, FLORIDA

MAR -7 PH In § 9

S. WARREN MAR 0 8 2018

COVER LETTER

Division of Corporations
SUBJECT: My Credit Fit LLC DBA INSTALOR Of 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:
Name of Person My Creclistit LLC Firm/Company 6387 Meanstone way Address Delpay Beach FL 33484 City/State and Zip Code My in STALOAD & email. com E-mail address: (to be used for future innual report notification)
For further information concerning this matter, please call:
Kurystsine Jacuson at (303) 898-3736 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee

MAILING ADDRESS:

TO:

Registration Section

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

My Credit Fit L (Name of the Limited Liability Comp	C DBH IV any as it now appears on our rec Liability Company)	13TALOQQ
The Articles of Organization for this Limited Liability Compan Florida document number <u>L 1600020614</u> 3	y were filed on <u>NOV 9</u> B	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liak	sility Company " the designation "I	I.C." or the abbreviation "I.I.C."
Enter new principal offices address, if applicable:	70/00/100	CONSTONE Way
(Principal office address MUST BE A STREET ADDRESS)	Deskay 13ea	<u>en Pl 23469</u>
	ATET AL	A
Enter new mailing address, if applicable:	6501 190	constone way
Mailing address MAY BE A POST OFFICE BOX)	DelRay 1960	Ren 1-1 33484
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		rds, enter the name of the new
egistered agent and/or the new registered office address ne	<u> </u>	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street add	tress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>.</u>	
hereby accept the appointment as registered agent and ago provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	e performance of my duties, provided for in Chapter 60	and I am familiar with and 5, F.S. Or, if this document is
company has been notified in writing of this change.		
-		
If Cha	naina Desistened Asset Signatu	no of Nam. Decilofanad Ament :
	anging Registered Agent, <u>Signatu</u>	
ane C	1 of 3	FLOT ST

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** \square Add Remove Change \square Add Remove Change Remove Change □Add Remove ___Change □Add Remove Change

amending any other	information, enter	cnange(s) nere: (.	Attach additional s	neets, if necessa	iry.)	
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ffective date, if other an effective date is listed, tote: If the date inserted ocument's effective date record specifies at The 90th day after	he date must be specific a din this block does not e on the Department of delayed effective	and cannot be prior to de t meet the applicable f State's records.	statutory filing requ	irements, this dat	g.) Pursuant to te will not be	isted as t
ated Marci	1 /	, 2013				
		and IM				
	Signature of	a member of authorize	d representative of a m		SECTALLY.	
	- JUPIE	Typed or printed na	ume of signee		R-7	FILE
		Page 3	£2		<u> </u>	

Page 3 of 3

Filing Fee: \$25.00