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COVER LETTER

Division of Co	rporations ame Credit Restoration, LLC		
UBJECT:		ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing	
	ondence concerning this matter	•	
·	Jenella J. Brown	· ·	
		Name of Person	
	A Good Name Credit Solu	tions & Tax Service, LLC	
		Firm/Company	ing. ing: of Person Service, LLC company dress and Zip Code future annual report notification) 27 777-3738 ea Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy nal copy is enclosed) Certified Copy Certified Copy Certified Copy Certified Copy
	P.O. Box 572		
		Address	
	Port Richey, Fl. 34673		
		City/State and Zip Code	
	agoodname2017@gmail.co		
		•	ication)
or further information of	concerning this matter, please c	all:	
Jenella J. Brown		727 777-3738 at ()	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
2 \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &

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

A Good Name Credit Restoration, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on $\frac{12/30/2016}{2}$ and assigned Florida document number L17000000737 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: A Good Name Credit Solutions & Tax Service, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 6422 Ridge Rd. Enter new principal offices address, if applicable: Port Richey, Fl. 34668 (Principal office address MUST BE A STREET ADDRESS) P.O. Box 572 Enter new mailing address, if applicable: Port Richey, Fl. 34673 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter registered agent and/or the new registered office address here: Name of New Registered Agent: 6422 Ridge Rd. New Registered Office Address: Enter Florida street address Port Richey

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 = M $AMBR = A$	lanager authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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December 5		2017				
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00