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TO SEASON OF THE PROPERTY OF T

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	Prime C Name of Limi	redit Repair, L	LC
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Hvane Rande Name of Person	lph_
		Name of Person	
	941 W	Morse Blid &	nife /00
	Winter Par	City/State and Zip Code	7
	On Kr	YC P YAL 60 - CM of be used for future annual report notif	ication)
For further information of	oncerning this matter, please ca	ill:	
Ofva Name o	ne Randolph	at (<u>917</u>) <u>500 -</u> Area Code Daytime	2699 Telephone Number
Enclosed is a check for th	ne 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Trime (redit Ke	Pair, LLC
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	d as it now appears on our records.) fability (Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>117000070004</u>	were filed on March 28, 2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil Finance Eco	<u> </u>
The new name must be distinguishable and contain the words "Elmited Liabili	ity Company." the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:	94/ W Morse B/vJ Suite/or Winter Park, FL 32789
(Principal office address MUST BE A STREET ADDRESS)	Ninter Vork, FL 32789
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	941 W Morse Blvd Suitelo Winter Park, FL 32789
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent:	
Name of New Registered Agent.	
New Registered Office Address:	Enter Florida street address
	Florida / C
	City Stp Code
New Registered Agent's Signature, if changing Registered Agent:	<u> </u>

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

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Filing Fee: \$25.00