

L17000127030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

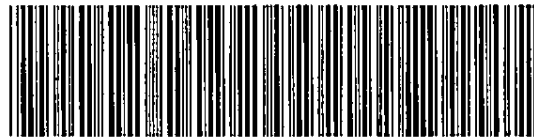
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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STATE DEPT OF COMMERCE
DIVISION OF CORPORATIONS
17 OCT 30 AM 10:29

M. MILLIGAN
OCT 30 2017

2017 OCT 10 PM 3:58



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 16, 2017

NATIONAL CREDIT FEDERATION, LLC
ATTN: HERSCHEL BENTLEY
2803 W. BUSCH BLVD., #210
TAMPA, FL 33618

SUBJECT: NATIONAL CREDIT FEDERATION, LLC
Ref. Number: L17000127030

We have received your document for NATIONAL CREDIT FEDERATION, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 417A00020791

2017 OCT 27 PM 2:12

MAIL ROOM

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Credit Federation, LLC
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:

Herschel Bentley
Name of Person
NATIONAL Credit Federation, LLC
Firm/Company
2803 W. Busch Blvd Suite 210
Address
Tampa, FL 33618
City/State and Zip Code
Herschel @ 720 plus credit. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Herschel Bentley at (813) 625 - 1919
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

National Credit Federation, LLC

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

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DIVISION OF CORPORATIONS
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The Articles of Organization for this Limited Liability Company were filed on June 9, 2017 and assigned
Florida document number L17000127030.

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 "L.L.C."

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 new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

Florida

Zip Code

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 = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------------------|--------------------------------|--|
| <u>Mgr</u> | <u>Nicholas P Bonanno</u> | <u>2803 W. Busch Blvd #210</u> | <input type="checkbox"/> Add |
| | | <u>Tampa, FL 33618</u> | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| <u>Mgr</u> | <u>Tyler B Corbett</u> | <u>2803 W Busch Blvd #210</u> | <input type="checkbox"/> Add |
| | | <u>Tampa, FL 33618</u> | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: Sept 1, 2017 (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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated Oct 23, 2017

Signature of a member or authorized representative of a member

Herschel Bentley
Typed or printed name of signer

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DIVISION OF CORPORATIONS
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