

L17000142691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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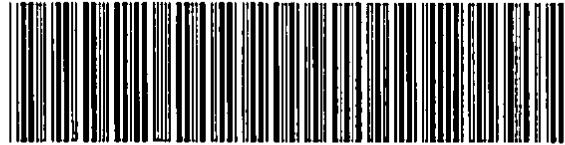
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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AUG 08 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A PLUS CREDIT SERVICES, 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:

ADONAY PEREZ

Name of Person

A PLUS CREDIT SERVICES, LLC

Firm/Company

50 N. LAURA STREET SUITE 2500

Address

JACKSONVILLE, FL 32202

City/State and Zip Code

APEREZ@APLUSCREDITSERVICE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADONAY PEREZ

786

531-3632

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

A PLUS CREDIT SERVICES, 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 07/03/2017 and assigned
Florida document number L17000142691.

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

Amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

1GR = Manager

1MBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
1MBR	HUMBERTO GARAY	8333 NW 53RD ST SUITE 450	<input checked="" type="checkbox"/> Add
		DORAL, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
1GR	YANISLEYDIS PEREZ	202 DYNASTY LN	<input type="checkbox"/> Add
		HIRMA, GA 30141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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ST. LOUIS
FALL RIVER, FLORIDA

FILED
2017 AUG -7 P 4 56
SHERIFF
TALLAHASSEE FLORIDA

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.

Signature of a member or authorized representative

~~Signature of a member or authorized representative of a member~~

ADONAY PEREZ

Typed or printed name of signee