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Special Instructions to Fi	ling Officer:	

Office Use Only

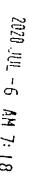


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RECEIVED
JUL 0 6 2020

AUG 1 5 2020 S. YOUNG



## **COVER LETTER**

. . .

Tallahassee, FL 32314

TO:

TO: Registration S Division of Co			
FIRST CI SUBJECT:	LASS COLLECTIONS & CREU	DIT SERVICĖS LLC	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	MARJORIE BIMN		
		Name of Person	
		Firm/Company	
	12610 SW 18TH STREET		
		Address	
	MIRAMAR, FL 33027		
	FIRSTCLASSCOLLECTIC	_	
For further information	E-mail address: ( concerning this matter, please co	to be used for future annual report noti all:	fication)
MARJORIE BIMIN		954 303-0500	
Name	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for	the 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 Addr Registration Division of P.O. Box 63	Section Corporations	Street Address: Registration Sec Division of Cor The Centre of T	porations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## FIRST CLASS COLLECTIONS & CREDIT SERVICES LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our recornability Company)	'ds.)
The Articles of Organization for this Limited Liability Company	were filed on 07/07/2017	and assigned
Florida document number L17000145745		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
FIRST CLASS MULTI-SERVICES LLC		
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		020
		6
Enter new mailing address, if applicable:		= 1
(Mailing address MAY BE A POST OFFICE BOX)	u <b> </b>	-1
		. 8
	·	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>ente</u>	r the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street addre	200
	. <b>F</b>	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as paceing filed to merely reflect a change in the registered office of	performance of my duties, a rovided for in Chapter 605,	and I am familiar with and F.S. Or, if this document is

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>	Address	Type of Action
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			□Remove
			Change
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F Effect	tive date if ather than the	date of filing:		(antional)
Note:	ffective date is listed, the date must If the date inserted in this blo nent's effective date on the De	ock does not meet the appli	cable statutory filing requires	(optional) ) days after filing.) Pursuant to 605.0207 (3)(ments, this date will not be listed as the
If the reco record is f		e date, but not an effective	time, at 12:01 a.m. on the ear	lier of: (b) The 90th day after the
Datad	JUNE 30	2020		
Daice	·	h () ·	·	
	<i></i>	11/1		
			norized representative of a mem	

Typed or printed name of signee