Division of Corporations Electronic Filing Cover Sheet

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(((H17000251539 3)))



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To:

Division of Corporations

Pax Number : (850)617-6383

From:

Account Name : SUPERBIZ.COM, INC.

Account Number : T20070000160 : (800)494-3124 Phone

: (305)675-2811 Fax Number

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MIGHTY MOVERS BILLING DEPARTMENT LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

K. SALY SEP 26 2017

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

| 25/2017 2:07PM FAX 561242281   | 6 SUPERBI                                    |   | <b>2</b> 0002/0004                              |  |
|--|--|---|---|--|
| •  | ARTICLES OF A                                | MENDMENT  |   |  |
|  | ТО   |   | 17 and assigned                                 |  |
| <u> </u>   | ARTICLES OF OR                               | GANIZATION H  | 117000251539_3                                  |  |
| ·  | OF   |   |   |  |
|  |  |   |   |  |
|  | MIGHTY MOVERS BILLIN                         |   |   |  |
| (Name of the   | e Limited Liability Company                  | ns it now appears on our records.)                            |   |  |
|  |  |   | 79 <b>(e</b>                                    |  |
| The Articles of Organization for this Lim  | ited Liability Company we                    | ere filed onJULY 21ST, 20                                     | and assigned                                    |  |
| Florida document number  | 156236                                       |   |   |  |
| Tillias decament hamaer  | <u> </u>                                     |   | ~   |  |
| This amendment is submitted to amend the   | ne,following:                                |   |   |  |
| A. If amending name, enter the new m   | ame of the limited liabilit                  | y company here:   |   |  |
| TUDOR CREDITS SERVICES LLC   |  |   |   |  |
| The new name must be distinguishable and conta   | in the words "Limited Liability              | Company," the designation "LLC" o                             | r the abbreviation "L.L.C."                     |  |
|  |  | 2520 EAGLE RUN CIRCLE   |   |  |
| Enter new principal offices address, if  | applicable: .                                |   | <del></del>                                     |  |
| (Principal office address MUST BE A STREET ADDRESS)  |  | WESTON, FLORIDA 33327   | ·.  |  |
|  |  |   |   |  |
|  |  |   |   |  |
| Enter new mailing address, if applicable:  (Mailing uddress MAY BE A POST OFFICE BOX)  |  | 2520 EAGLE RUN CIRCLE   |   |  |
|  |  | WESTON, FLORIDA 33327   |   |  |
| pruning daness mist De it is a   |  |   |   |  |
|  | •  | *                       |   |  |
| B. If amending the registered agen   | t and/or registered offic                    | ce address on our records,                                    | enter the name of the new                       |  |
| registered agent and/or the new registe  | ered office address here:                    |   |   |  |
|  |  |   |   |  |
| Name of New Registered Agen  | t: HENRY WHI                                 | re  |   |  |
| TAGING OF THE STATE STAT |  | 2620 FACLE BURGUIGUE  |   |  |
| New Registered Office Address: 2520 EAGLE RUN CIRCLE   |  |   |   |  |
|  |  | THE FIOTING WEET BUDGES                                       | 99397   |  |
|  | WESTON                                       | Flor  | ida <u>33327</u><br>Zip Code                    |  |
|  |  | Clty:   | zip Code  |  |
| New Registered Agent's Signature, if cha   | nging Registered Agent:                      | ••  |   |  |
| Thereby accept the appointment as rej  | gistered agent and agree                     | to act in this capacity. I furth                              | her agree to comply with the                    |  |
| provisions of all statutes relative to the   | e proper and complete p                      | erformance of my duties, and                                  | Lam familiar with and                           |  |
| accept the obligations of my position of   | as registered agent as pro                   | ovided for in Chapter 603, F.<br>Idrass I baraby confirm that | 5. Or, IJ INS GOCUMENT IS the limited liability |  |
| being filed to merely reflect a change   | in ine regisierea ojjice a<br>of this chanoe | acress, i nereby confirm that                                 | l.  |  |
| company has been notified in writing   | of this change.                              |   | h   |  |

Page 1 of 3

AMBR = Authorized Member

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

H17000251539 3
MGR = Manager

| Title | <u>Name</u>          | Address                         | Type of Action |
|-------|----------------------|---------------------------------|----------------|
| MGR   | SCOPPETUOLO, ANTHONY | 4636 BOUGAINVILLA DR APT#5      |                |
|       |                      | LAUDERDALE BY THE SEA, FL 33308 | ≅ Removc       |
|       |                      |                                 | □ Change       |
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| tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filin | (optional)   |
| If the date inserted in this block does not meet the applicable statutor;   | g or more than 90 days ther thing.) I distant to 000 y filing requirements, this date will not be listed |
| nent's effective date on the Department of State's records.   |  |
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| cord specifies a delayed effective date, but not an effect<br>e 90th day after the record is filed.                                 | tive time, at 12:01 a.m. on the earli  |
| e 90th day after the record is filed.   | ł  |
| SEPTEMBER 7TH 2017  | <u> </u>   |
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| Lamos y him   |  |
| Suprature of a member or authorized represe.  | nighve of a member   |

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Filing Fee: \$25.00