

L17000157580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

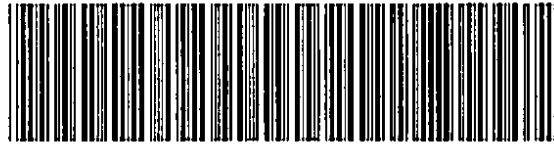
(Business Entity Name)

(Document Number)

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RECEIVED
STATE OF ALABAMA
DIVISION OF CORPORATIONS
2022 SEP -6 PM 12:07

SEP 06 2022

R. HUNT

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CREDIBLE MULTI 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:

CANDICE N GRISSETT

Name of Person

Firm/Company

200 S ANDREWS AVE SUITE 504

Address

FORT LAUDERDALE, FL 33301

City/State and Zip Code

INFO@CREDIBLEMULTISERVICES.NET

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

2022 SEP -6 PM12:07

STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

CANDICE GRISSETT

561

808-3904

Name of Person

at ()

Area Code

Daytime 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 Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

CREDIBLE MULTI 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 07/26/2017 and assigned
Florida document number L17000157580.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

CREDIBLE MULTI SERVICES LLC

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)

200 S ANDREWS AVE SUITE 504

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 9216

FORT LAUDERDALE, FL 33301

DIVISION OF CORPORATE STATE
2022 SEP -6 PM 12:07

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: CANDICE GRISSETT

New Registered Office Address: 200 S ANDREWS AVE SUITE 504

Enter Florida street address

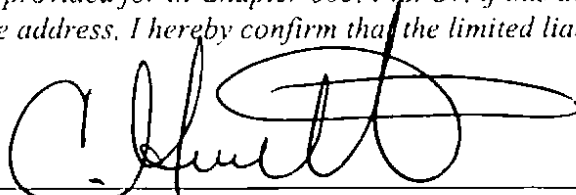
FORT LAUDERDALE, Florida 33301

City

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>
CEO	CANDICE GRISSETT	200 S ANDREWS AVE SUITE 504	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	TIMESHA GLENN	200 S ANDREWS AVE SUITE 504	<input type="checkbox"/> Add
		FORT LAUDERDALE, FL 33301	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2017 SEP 6 PM 2:07
DIVISION OF CORPORATE AFFAIRS
STATE OF FLORIDA

2022 SEP -6 PM 12:07

2022 SEP -6 PM 12:07

DIVISION OF CONSUMER AFFAIRS

(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 AUGUST 28TH

2022

Signature of a member or authorized representative of a member

CANDICE NICOLE GRISSETT

Typed or printed name of signee