## L17000165908

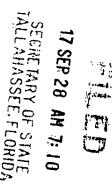
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

ТО		gistration Sec vision of Corp			
CIU	DIECT.		REDIT SOLUTIONS LLC		
SU.	ВЈЕСТ:		Name of Limi	ted Liability Company	<del></del>
The	enclose	d Articles of	Amendment and fee(s) are subr	nitted for filing.	
Plea	ase returi	n all correspo	ndence concerning this matter t	o the following:	
			CHRISTINA M HYATT		
			<del></del>	Name of Person	
			RELION CREDIT SOLUT	IONS LLC	
				Firm/Company	
			508 NW 26TH ST		
				Address	
			CAPE CORAL, FL 33993		
				City/State and Zip Code	<del> </del>
			LEGAL@RELIONCREDIT		
			E-mail address: (t	o be used for future annual report notifi	ication)
For	further i	nformation co	oncerning this matter, please ca	11:	
JA	MES R F	TTAYE		239 314-4894 at ()	
		Name of	f Person	Area Code Daytime	Telephone Number
Enc	closed is	a check for th	ne 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELION CREDIT SOLUTIONS LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) nited Liability Company)	
The Articles of Organization for this Limited Liability Comp Florida document number P17000059869	pany were filed on <u>07/13/2017</u>	and assigned
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" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u>s)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SEP 28 A
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		enter the name of the no
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Flor	ida
<del></del>	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>	Address	Type of Action
CFO	CHRISTINA M HYATT	508 NW 26TH ST	Add
		CAPE CORAL, FL 33993	■ Remove
			☐ Change
CEO	JAMES R HYATT	508 NW 26TH ST	Add
		CAPE CORAL, FL 33993	Remove
			Change
MGR	CHRISTINA M HYATT	508 NW 26TH ST	■ Add
		CAPE CORAL, FL 33993	Remove
			Change
MGR	JAMES R HYATT	508 NW 26TH ST	Add
		CAPE CORAL, FL 33993	Remove
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fectiv	e date, if other tha	n the date of fili	ng:		(opti	onal)	*O.
an effec <u>ote:</u> If	ctive date is listed, the date inserted in t	ite must be specific a this block does not	and cannot be prior to t meet the applica	o date of filing or mobile statutory filing	re than 90 days after requirements, thi	r Illing.) Pursi s date will n	iant to 605.0 ot be listed
ocumei	nt's effective date on	the Department of	f State's records.				
				<b></b>			
	ord specifies a de 90th day after the			an effective ti	me, at 12:01 a	a.m. on tr	ie earliei
oted 0	7/25/2017						
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	Christina	Short		rized representative	- <u>-</u>		

Page 3 of 3

Filing Fee: \$25.00