

L17000171127

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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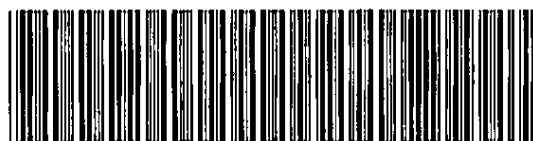
(Business Entity Name)

(Document Number)

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 800PLUS CREDIT MANAGEMENT & EDUCATION 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:

ELMESHA Y WRIGHT

Name of Person

800PLUS MANAGEMENT & EDUCATION LLC.

Firm Company

32 RALEIGH DRIVE

Address

PALM COAST, FL 32164

City/State and Zip Code

MESHA@800PLUS.ORG

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

For further information concerning this matter, please call:

ROGER M HEUSNER JR

321 209-8662  
at ( )

Name of Person

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

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

800PLUS CREDIT MANAGEMENT & EDUCATION 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 August 10th, 2017 and assigned  
Florida document number L17000171127.

This amendment is submitted to amend the following:

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

800PLUS Management & Education 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)**

701 Market St

Suite 111 # 5026

St. Augustine, FL 32095

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

701 Market St.

Suite 111 # 5026

St. Augustine, FL 32095

**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*

Florida

*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**

[illegible]

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FBI - TAMPA

**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.

Dated April, 15th 2021

  
Signature of a member of author

Signature of a member or authorized representative of a member

Roger M. Heusner Jr.

Typed or printed name of signee