

L17000 232 969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

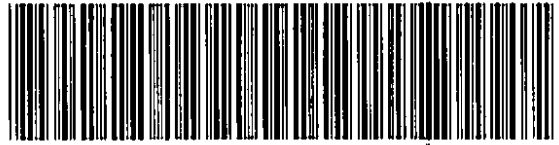
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 JAN 31 PM 12:56

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U.S.  
1-31-19



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 7, 2019

KETTELIE DORTILUS  
580 MENTONE RD  
LANTANA, FL 33462 US

SUBJECT: CREDIT WISE SOLUTIONS LLC  
Ref. Number: L17000232969

We have received your document for CREDIT WISE SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Amendment INC., but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith  
Regulatory Specialist II  
Registration Section

Letter Number: 019A00000381

RECEIVED  
2019 JAN 31 PM 12:19  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Credit Wise Solutions LLC  
Name of Limited Liability Company

The enclosed Articles of Incorporation and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kettelie Dortius  
Name of Person

Firm/Company

580 Montone Rd  
Address

Lantana FL 33462  
City/State and Zip Code

Kek@dortius@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kettelie Dortius at ( 561 ) 768-3283  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the amount:

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$35.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|---|---|--|---|

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 1000  
Tallahassee, FL 32301

### 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

Credit Wise Solutions 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 11-10-2017 and assigned  
Florida document number L17000232969

This amendment is submitted to amend the following:

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

1st choice credit solutions 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 office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 and regulations and complete performance of my duties, and I am familiar with and accept the obligations of a registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reconfirm the registered office address, I hereby confirm that the limited liability company has been notified 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 list.

MGR = Manager  
AMBR = Authorized Manager

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Wilclise clodmond	339 NW 5th Ave	<input checked="" type="checkbox"/> Add
		Delray Beach	<input type="checkbox"/> Remove
		FL 33444	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

2018 JAN 31 PM 2:56  
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TALLAHASSEE, FLORIDA

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