L17000256806

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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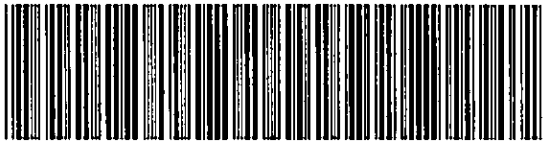

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09/19/22--01013--001 ++5.00

09/19/22--01013--002 ++25.00

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2022 SEP 19 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DR. CREDIT REPAIR 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:

AVE'LINA A. ALLEN
Name of Person

DR. CREDIT REPAIR LLC
Firm/Company

10665 SW 190TH ST SUITE 3205
Address

CUTLER BAY, FL 33157
City/State and Zip Code

info@drcreditrepairs.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AVE'LINA A. ALLEN at (305) 925-2473
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

2022 SEP 19 AM 7:48

SECRETARY OF STATE
TALLAHASSEE, FL

DR. CREDIT REPAIR 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 12/18/2017 and assigned Florida document number L17000256806.

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" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

DR. CREDIT REPAIR LLC.
10665 SW 190TH ST SUITE 3205
CUTLER BAY, FL 33157

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box ~~9855~~ 343939
Homestead, FL 33034

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: AVE'LINA A. ALLEN

New Registered Office Address: 10665 SW 190TH ST SUITE 3205
Enter Florida street address

CUTLER BAY, **Florida** 33157
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

Title	Name	Address	Type of Action
CEO	AVE'LINA A. ALLEN	1000 W PALM DR # 313913	■ Add
		HOMESTEAD, FL 33034	☐ Remove
			☐ Change
MGR	ALEXIS ALLEN		☐ Add
			■ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Hello, my name is Ave'lina A. Allen, and I am requesting this amendment due to Name Change. Going forward, I am requesting the removal of MGR (ALEXIS E. ALLEN), which I would like to have updated to the title of CEO (AVE'LNA. ALLEN). In addition, I would also like to update my mailing address, which is listed above. Also, please keep the principal address at 10665 SW 190TH ST SUITE 3205 CUTLER BAY, FL 33157. In conslusion, please update my email address to appear as: info@drcreditrepairs.com, and my business phone numbe to appear as: (305) 925-2473. In conslusion, once the changes are updated, will you please forward my new and updated, "Articles of Incorporation," to my mailing address. Thank you, kindly.

If you have any questions please free to contact me at my Personal Number: (786) 403-7829. (text/phone)

E. Effective date, if other than the date of filing: 09/09/2022 **(optional)**

(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 September 09, 2022.

Signature of a member or authorized representative of a member

AVE'LINA A. ALLEN

Typed or printed name of signee