L17000 259761

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
,			
Certified Copies Certificates of Status			
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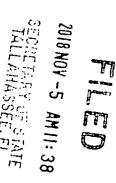
Office Use Only



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COVER LETTER

SUBJECT:	Universal T	ax Relief llc			
SUBJECT		Name of Lim	ited Liability Company		
The enclosed	f Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Nicole Clark			
			Name of Person		
		Credit 1st llc			
	Firm/Company				
	52 Tuscan Way Ste #117				
Address					
		St. Augustine Fl 32092			
		info@credit1st.net E-mail address: (to be used for future annual report notif	ication)	
For further in	nformation co	oncerning this matter, please co	all:		
Nicole Clark		904 229-7891 at ()			
	Name o	Person	Area Code Daytime	Telephone Number	
Enclosed is a	check for th	e following amount:			
■ \$25.00 F	iling 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

TO:

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

FILED

2018 NOV -5 AM 11: 38

Universal Tax Relief llc		SECUCATION	
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	SESRETARY OF STATE TALLAHASSEE, FL	
The Articles of Organization for this Limited Liab	oility Company were filed on December 21st, 2017		
Florida document number L17000259761			
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company here:		
Credit 1st. llc			
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Enter new principal offices address, if applicah	ole:		
(Principal office address MUST BE A STREET			
Enter new mailing address, if applicable:			
(Mailing a <u>ddress MAY BE</u> A POST OFFICE BO	' -		
	registered office address on our records, e	nter the name of the new	
registered agent and/or the new registered office	ce 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