L17000259761

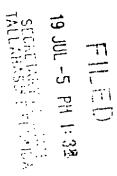
(Requestor's Name)
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COVER LETTER

	istration Sec sion of Corp			
SUBJECT:	CREDIT 1S	T. LLC		
	<u> </u>	Name of Limi	ted Liability Company	
		mendment and fee(s) are subr		
Please return	all correspon-	dence concerning this matter t	to the following:	
		Nicole Clark		
			Name of Person	
		Qwest One Logistics		
			Firm/Company	
		2220 State Hwy 210 Suite 1	08-179,	
			Address	
		St Johns, FL 32259		
		ndark45@yahoo.com	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notifica	ntion)
For further in	formation cor	ncerning this matter, please ca	11:	
Nicole Clark			904 229=7891	
1	Name of I	Person	at () Area Code Daytime T	elephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 Fi	ling 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**

CREDIT 1ST. 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 L	iability Company	were filed on 12/21/2017	an	d assi	gned	
Florida document number L17000259761	*					
This amendment is submitted to amend the following	lowing:					
A. If amending name, enter the new name of	of the limited liab	ility company here:				
Qwest One Logistics LLC						_
The new name must be distinguishable and contain the	words "Limited Liabil	lity Company," the designation "LLC" or the	e abbreviation	on "L.L	"C."	
Enter new principal offices address, if appli	cable:	2220 State Hwy 210 Suite 108-1	79, St Johi	าร, FL	32259	_
(Principal office address MUST BE A STREE	ET ADDRESS)					_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	BOX)	2220 State Hwy 210 Suite 108-1	79, St Johr	ns, FL	32259	- -
B. If amending the registered agent and registered agent and/or the new registered of	_		ter them	19 o	of the	<u>new</u>
Name of New Registered Agent:			* ,	====		-
New Registered Office Address:	2220 State Hw	vy 210 Suite 108-179,	<u> </u>		<u> </u>	_
		Enter Florida street address		<u>で</u> か		
	St Johns	, Florida	32259			
		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 = M $AMBR = A$	lanager .uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			□ Remove
			Change
			□ Remove
			Change
			Change
		 	☐ Remove
			□ Change
			Add
			Remove
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e: If the date inserted in	date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60 in this block does not meet the applicable statutory filing requirements, this date will not be list on the Department of State's records.	5.020 ted a
record specifies a d he 90th day after ti	lelayed effective date, but not an effective time, at 12:01 a.m. on the earli he record is filed.	ier (
07/05 ed	2019	
" Nece		
	Signature of a member or authorized representative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00