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## **COVER LETTER**

TO: Registration So Division of Cor			
	PCREDIT SOLUTIONS, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	Filing cancelled
Please return all correspo	ondence concerning this matter	to the following:	due to returned check
	SERGIO ALVAREZ		
	•	Name of Person	
	LEVEL UP CREDIT SOL	UTIONS, LLC	
		Firm/Company	<del></del>
	4192 SPITFIRE AVE		
	<del></del>	Address	<del></del>
	KISSIMMEE, FL 34741		
	ISBO G. COPINITED VICTOR	City/State and Zip Code	
	INFO@CREDITSPOTTER  E-mail address: (	to be used for future annual report	notification)
For further information of	concerning this matter, please c		
SERGIO ALVAREZ		321 284-592	TALLAND TO
Name o	of Person	at ()	aume receptione roumber
Enclosed is a check for t	he following amount:		EFECT P 2:
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	ING ADDRESS: ration Section	STREET/COI Registration S	JRIER ADDRESS:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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Registration Section
Division of Corporations
Clitton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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LEVEL UP CREDIT 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 \_ and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CREDITSPOTTER LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices 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 came 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

## 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:

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AMBR = A <u>Title</u>	authorized Member <u>Name</u>	due to return		Type of Action		
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	Signature of	f a member weauthoriz	ed representative of a	member	<u> </u>	

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Filing Fee: \$25.00