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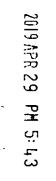
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C. GOLDEN MAY - 9 2019

COVER LETTER

то:	Registration Sec Division of Corp			
		ECH ASSIST LLC		
SUBJEC	CT:	Name of Limit	ed Liability Company	-
The encl	osed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please re	eturn all correspor	ndence concerning this matter to	o the following:	
		MARSHA SIHA		
		INCFILE.COM LLC	Name of Person	
		17350 STATE HWY 249 S	Firm/Company TE 220	
		HOUSTON, TX 77064	Address	
		EFILE1234@INCFILE.COM	City/State and Zip Code	
		E-mail address: (to	o be used for future annual report notifi	cation)
For furt	her information co	oncerning this matter, please ca	Н:	
MARSI	HA SIHA	Person	855 829-9090 Area Code Daytime	Telephone Number
Enclose	d is a check for th	e 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:

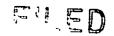
TO:

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



	THOMAS TECH		2019 APR 29	DH 5-13
(Name of the Limit	ted Liability Company	as it now appears on our records.) bility Company)		111 J. 43
	(A Fiorida Bilinea Bil	ionity company)		3 3 4 3
The Articles of Organization for this Limited L	iability Company w	rere filed on 05/09/2018	and ass	iğned' '
Florida document number L18000117067	·			
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabili	ty company here:		
CREEL FINANCIAL LLC				
The new name must be distinguishable and contain the v	words "Limited Liabilit	y Company," the designation "LLC" or	the abbreviation "L.	L.C."
Enter new principal offices address, if applic	cable:			
(Principal office address MUST BE A STREE	ET ADDRESS)			
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE	BOX)			
			_	
B. If amending the registered agent and			nter the name	of the new
registered agent and/or the new registered o	ffice <u>address</u> here:			
Name of New Registered Agent:				
New Registered Office Address:				
		Enter Florida street address		
		, Florid		
		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 Type of Action **Address** <u>Title</u> <u>Name</u> ☐ Add □ Remove ☐ Change ☐ Add ☐ Remove ☐ Add _□ Remove _ Change □ Add ☐ Remove ☐ Change ☐ Remove _□ Change □ Add ☐ Remove _□ Change

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Filing Fee: \$25.00