

18000135441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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FEB 27 2019

FILED  
19 FEB 26 AM 2:26  
2019

Amend  
W/C



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 17, 2019

NATASHA JONES  
13394 SW 26TH ST  
MIRAMAR, FL 33027-3872

SUBJECT: CREDITLINK REPAIR AND FUNDING, LLC  
Ref. Number: L18000135441

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

ALL PAGES OF THE AMENDMENT FORM MUST BE SUBMITTED AND PAGE 3 OF 3 MUST BE COMPLETED.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent  
Regulatory Specialist II

Letter Number: 919A00001392

RECEIVED

2019 FEB 26 AM 10:29

SECRETARY OF STATE  
TALLAHASSEE, FL

# COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Creditlink Repair and Funding 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:

Natasha Jones  
Name of Person

Firm/Company

13394 SW 26th St  
Address

Miramar, FL 33027 3842  
City/State and Zip Code

natashainsurance@yahoo.com ✓  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Wind Robinson at (305) 725-1941  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

CreditLink Repair and Funding, 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 5-31-2018 and assigned Florida document number L18000135441

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Venobi Eats, LLC  
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)

13394 SW 26<sup>th</sup> St  
Hiram, FL 33027-38

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 name of the registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City Florida 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, changed, or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Ac</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

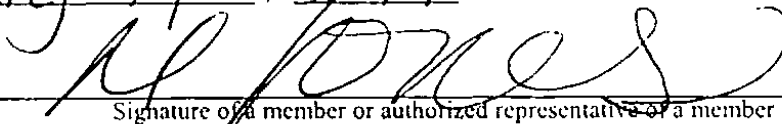
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as 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 February 14, 2019

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Natasha M Jones  
\_\_\_\_\_  
Typed or printed name of signee