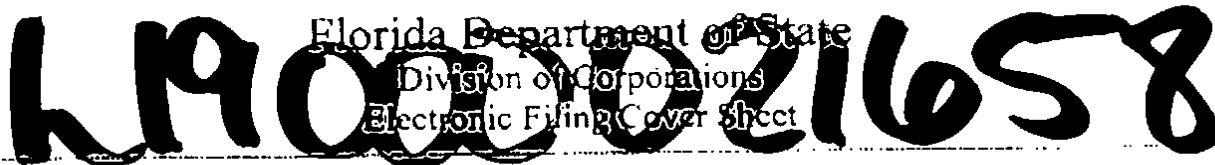


6/21/2019

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : SANDRA CASTILLO TAX SERVICE LLC
Account Number : I20190000047
Phone : (321)946-6560
Fax Number : (866)784-9120

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CREDITRIDER LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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AUG 28 2019

T GLASS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CREDITRIDER 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:

NATALY VALERIA TOBAR SOLORZANO

Name of Person

CREDITRIDER LLC

Firm/Company

111 N ORANGE AVE

Address

ORLANDO, FL 32801

City/State and Zip Code

CREDITRIDERUSA@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NATALY TOBAR

407

879-4993

At ()

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

FILED
2019 AUG 27 PM 4:17

DocuSign Envelope ID: 7D8B8DD9-4AA4-4363-9C0A-DF00D9079AE8

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

CREDITRIDER 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 01/18/2019 and assigned
Florida document number L19000021658.

This amendment is submitted to amend the following:

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

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)

10450 TURKEY LAKE RD

ORLANDO, FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 692153

ORLANDO, FL 32869

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

FRANCISCO ARMANDO FARIAS

New Registered Office Address:

10450 TURKEY LAKE RD

Enter Florida street address

ORLANDO

City

Florida 32819

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 all 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.

Francisco Farias

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 7D8B8DD9-4AA4-4363-9C0A-DF00D9078AE6

If amending Authorized person(s) authorized to manage, enter the title, name, and address of each person being add
or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NATALY V TOBAR SOLORZANO	10450 TURKEY LAKE RD ORLANDO, FL 32819	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	ASHLEIGH SANTAMARIA	309 PINE LEAF COVE LAKE MARY, FL 32746	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

DocuSign Envelope ID: B770982D-BEEC-4A83-8462-4F4C2F00C2DC

U. If including any other information, enter changes here: (Attach additional sheets, if necessary.)

2019 AUG 27 PM 4:17
FILED

07/20/2019

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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the 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 July 19th 2019

Signature of
NATALY V TOBAR SOLORZANO

Signature of a member or authorized representative of a member

NATALY V TOBAR SOLORZANO

Typed or printed name of signer