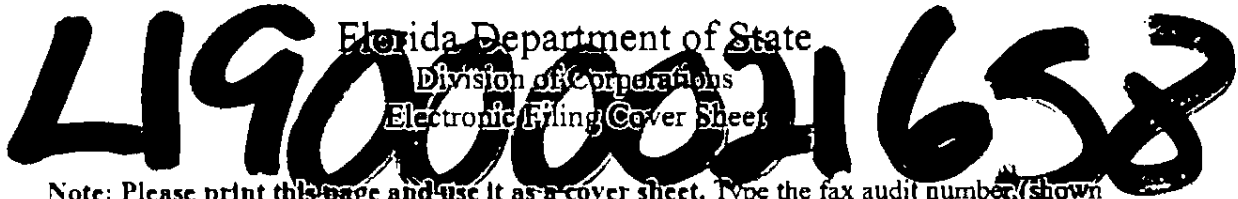


12/5/2019

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 : 120190000047  
Phone : (321)946-6560  
Fax Number : (866)704-9120

\*\*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

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7. LGT/ALIX

**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:

TOBAR SOLORZANO, NATALY V

Name of Person

CREDITRIDER LLC

Firm/Company

1330 Beulah Rd

Address

Winter Garden, FL 34787

City/State and Zip Code

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

For further information concerning this matter, please call:

TOBAR SOLORZANO, NATALY V

Name of Person

at

(407) 961-6591

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

CREDITRIDER LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

FILED  
2019 DEC -5 P 4 24  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 01/22/2019 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)

111 N Orange Ave

Orlando, FL 32801

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

111 N Orange Ave

Orlando, FL 32801

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:

New Registered Office Address:

1330 Beulah Rd

Enter Florida street address

Winter Garden

City

Florida

34787

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	LUIS EDUARDO MOLINO	10903 N KENDALL DR APT <del>222</del> 222	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33176	<input type="checkbox"/> Remove
		10903 N KENDALL DR Apt 222	<input type="checkbox"/> Change
AMBR	RUBEN DARIO RUIZ TRIGOSO	MIAMI, FL 33176	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

1. *Introduction*

2. *Methodology*

3. *Results*

4. *Discussion*

5. *Conclusion*

6. *References*

7. *Appendix*

8. *Index*

9. *Glossary*

10. *Notes*

11. *Footnotes*

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11/13/2019

**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.

(b) The 90th day after the record is filed.

Dated November 13th, 2019

Robert L. Smith  
Signature of a member or authorized representative of a member

TOBAR SOLORZANO, NATALY V  
\_\_\_\_\_  
Typed or printed name of signer