L19000034542

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July 12, 2019

JAMES MICHEL
FAST INTEGRIT CREDIT REPAIR
739 E ATLANTIC BLVD
POMPANO BEACH, FL 33060

SUBJECT: FAST INTEGRITY CREDIT REPAIR LLC

Ref. Number: L19000034542

We have received your document for FAST INTEGRITY CREDIT REPAIR LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Letter Number: 519A00014143

Shelia H Young Regulatory Specialist II

Mo Mess Phase

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fast Integrity Credit Repair		
(Name of the Limited Liabil (A Florid	lity Company as it now appears on our re da Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability (Company were filed on 02/01/19	and assigned
Florida document number L19000034542		
this amendment is submitted to amend the following:		
. If amending name, enter the new name of the lin	nited liability company here:	
ntegrity First Credit Solutions LLC		
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		- F
Principal office address MUST BE A STREET ADD	<u> </u>	
		9 E
Enter new mailing address, if applicable:		⊒ ⊋ □
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
STATE OF THE BUAY		- ≥ N
 If amending the registered agent and/or registered agent and/or the new registered office add 	stered office address on our reco	ords, enter the name of th
Name of New Registered Agent:		
Name of New Registered Agent.		
New Registered Office Address:		
	Enter Florida street ad	ldress
		, Florida
	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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			□ Add
			Remove
			☐ Change
		Remove	
			Change
			☐ Remove
•			Change
			□ Add
6			☐ Remove
			☐ Change
			□ Add
			□ Remove
•			☐ Change
			□ Remove
			Channe

D. II an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
(If an c <u>Note</u>	effective date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: e 90th day after the record is filed.
Date	Stall
	A
	Signature of a member or authorized copresentative of a member

Page 3 of 3

Filing Fee: \$25.00