

L190000065701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

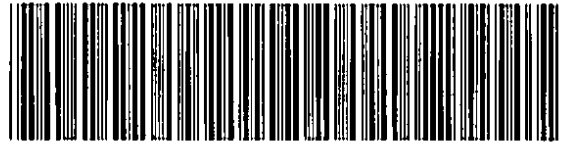
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/16/19--01:00--01:00 **25.00

FILED

2019 APR 18 PM 6:18

CLERK OF SUPERIOR COURT
JANUARY 2019

C. GOLDEN

APR 26 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Thoroughbred Credit Repair

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:

Craikista Kennedy

Name of Person

Thoroughbred Credit Repair

Firm/Company

19046 Bruce B Downs ste B6 #733

Address

Tampa, FL 33647

City/State and Zip Code

craikista@gmail.com

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

For further information concerning this matter, please call:

Craikista Kennedy

334 467-4026
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

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

FILED

2019 APR 18 PM 6:18

THOROUGHbred CREDIT REPAIR LLC

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

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on March 07, 2019 and assigned
Florida document number 119000065701.

This amendment is submitted to amend the following:

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

N/A

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:

19046 Bruce B Downs ste B6 #733

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33674

Enter new mailing address, if applicable:

6604 Surfside Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Apollo Beach, FL 33572

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:

Craikista Kennedy

New Registered Office Address:

19046 Bruce B Downs ste B6 #733

Enter Florida street address

Tampa

Florida 33674

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Keiron Kennedy	6604 Surfside Blvd, Apollo Beach, FL 33572	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Craigista Kennedy	6604 Surfside Blvd Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Keiron Kennedy	6604 Surfside Blvd, Apollo Beach, FL 33572	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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