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(Requestor's Name)				
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PICK-UP WAIT MAIL				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Se Division of Cor			10/4 14 14
		•		2813 AUG 19 PH 2: 58
SUBJI	ЕСТ: _ 	Name of Lim	ited Liability Company	MEURETAN MELANASSEETFLORIF
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Zachany Wood	Name of Person	
			Firm/Company	
		6275 Tome D	when Do N	
		_601.3_13a1.7_f	Address	
		Tacksomile	FL 32211	
Jacksonvile FL 32211 City/State and Zip Code Zach Wood 8 & Com E-mail address: tto be used for future annual report notification) For further information concerning this matter, please call:				
		Zech Wood 8 E-mail address:	80 bmail, com to be used for future annual report not	ification)
For fu	rther information c			
	_ 1 .	•		0160
	actary W	f Person	at (<u>904</u>) <u>444</u> Area Code Daytir	ne Telephone Number
		ne following amount:		
\$2	5.00 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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, Ft. 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida Vape Lab LLC (Name of the Limited Liability Co	25 AUG 19 PM 2: 52
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ited Liability Company) All ASSEE FLORIT
The Articles of Organization for this Limited Liability Comp	pany were filed on 4/22/2019 and assigned
Florida document number <u>L1900010401</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited	liability company here:
Enhanced Credit Solutions 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:	6075 Terry Parker Dr N
Principal office address MUST BE A STREET ADDRES.	5075 Terry Parker Dr N Sucksonville, FL 32211
Enter new mailing address, if applicable:	6075 Teny Parker Dr N
Mailing address MAY BE A POST OFFICE BOX)	Jacksonville, FL 32211
• •	
registered agent and/or the new registered office address Name of New Registered Agent:	nere:
New Registered Office Address:	•
	Enter Florida street address
	Florida
	City Zip Code
provisions of all statutes relative to the proper and comp	agree to act in this capacity. I further agree to comply with the olete performance of my duties, and I am familiar with and tas provided for in Chapter 605, F.S. Or, if this document is
<u>11</u>	Changing Registered Agent, Signature of New Registered Agent
P:	age 1 of 3

MGR = M $AMBR = A$	lanager Authorized Member		
<u> Citle</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			Change
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			Remove
			Change
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		- 	☐ Change

If amending any other information, enter change(s) here: (Attach additional sheets, if necessal	ry.)
	
Effective date, if other than the date of filing:	g.) Pursuant to 605.0207 (3
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m) The 90th day after the record is filed.	on the earlier of:
Dated August 14th 2019	
Spirature of a member or authorized representative of a member	
Zuchary Wood Typed or printed name of signee	<u> </u>

Page 3 of 3

Filing Fee: \$25.00