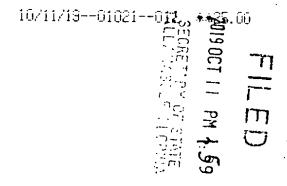
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COVER LETTER

TO: Registration Se Division of Cor		•	
SUBJECT: Enhance	ed Crydit Solut Name of Lim	TUMS LL Cited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Zucho	Name of Person	
		Firm/Company	
	6075 Terry	Puller D N Address	
	Jackson. rile F Zach Wood & E-mail address:	City/State and Zip Code State and Zip Code City/State and Zip Code Co	Teation)
For further information c	oncerning this matter, please or	all:	
Zuch har	4	at (<u>904</u>) <u>444</u> Area Code Daytime	9190 Telephone Number
Enclosed is a check for the	ne 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, FI. 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

Enhanced (rdit Solutions CLI	<u></u>		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our da Limited Liability Company)	records.)		
This amendment is submitted to amend the following:	abmitted to amend the following: ne, enter the new name of the limited liability company here:			
A. If amending name, enter the new name of the lin	ticles of Organization for this Limited Liability Company were filed on 43+3019 and assigned document number 41900106011 mendment is submitted to amend the following: mending name, enter the new name of the limited liability company here: A Power Washing Lace name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC" new principal offices address, if applicable: Same industrial address MUST BE A STREET ADDRESS) new mailing address, if applicable: Same industrial address MAY BE A POST OFFICE BOX) amending the registered agent and/or registered office address on our records, enter the name of the new red agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida Florida			
The new name must be distinguishable and contain the words "Lin	mited Liability Company," the designatio	n "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	Same			
(Principal office address MUST BE A STREET ADD	ORESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Same	20 9 00 SECR		
B. If amending the registered agent and/or registered agent and/or the new registered office ad-	istered office address on our r dress here:	ecords, enter the name of the new		
Name of New Registered Agent:	<u>.</u>	<u> </u>		
New Registered Office Address:	Enter Florida street	t address		
		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:

MGR = -Manager

AMBR = A	authorized Member		
Title	Name	Address	Type of Action
			☐ Remove
			□ Remove
			Change
			□ Remove
			Remove SE COMPRESE TO THE PROPERTY OF THE PROP
			Add Fig. Remove
			Remove O
			□ Change
			□ Add
			☐ Remove
			□ Add
			Remove
			☐ Change

(If an e <u>Note</u>	tive date, if other than the date of filing:
the re	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	3019. Signature of a member or authorized representative of a member
	Signature of a member of authorized representative of a member
	Zackay Word Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00