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(Re	questor's Name)	
(Ade	dress)	
(Ad	dress)	
	,	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

	Registration Sect Division of Corpo					
eren reze		S CREDIT REPAIR LLC				
SUBJEC	· I :	Name of Linu	ted Liability Company			
The encle	osed Articles of A	mendment and fee(s) are subr	nitted for filing.			
		dence concerning this matter t				
		TIFFONEY BUTLER				
			Name of Person			
		RELENTLESS CREDIT R	EPAIR LLC			
			Firm/Company	 		
		4560 NW 46th street				
			Address-			
		Ocala, FL 34482				
			City/State and Zip Code			
		trbutler92@gmail.com		 	co 🚍	2
			o be used for future annual report notification)	974 FD 10	ລິ ວ
For furth	er information cor	ncerning this matter, please ca	ill:		- FO 6	
TIFFON	EY BUTLER		352 843-4359 at ()			
	Name of I	Person	Area Code Daytime Telepl	none Number	,	DH 2:
Enclosed	l is a check for the	following amount:			i i i	, ,
□ \$25.	00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ Certified Copy (additional copy is enclosed)	\$60.00 Filin Certificate (Certified Co (additional co)	of Status &	
	Mailing Address	i j	Street Address:			

Registration Section

TO:

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RELENTLESS CREDIT REPAIR LLC

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

The Articles of Organization for this Limited Liability Co.	mpany were filed on JUNE	20.2019	and assigned ?
Florida document number L1900162442	·		`
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ed liability company here	:	
OUTGOING LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company." the design	gnation "LLC" or the abl	previation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our reco	ords, <u>enter the nam</u>	e of the new registered
Name of New Registered Agent:			
New Registered Office Address:			<u></u>
		i street address	
		, Florida	Zip Code
			Zip Code
New Registered Agent's Signature, if changing Registered			
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered agbeing filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performance of m ent as provided for in Ch	y duties, and Lam J apter 605, F.S. Or,	amitiar with and if this document is
	If Changing Registered Agen	t, Signature of New Re	gistered 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			Remove
			□Change
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fective date, if other to a feetive date is listed the	than the date of fili	ng:	0.01	(optional)	705 0007
ote: If the date inserted	in this block does not	meet the applicable	te of filing or more than statutory filing requir	90 days after filing.) Pursu ements, this date will n	ot be listed as t
ocument's effective date	on the Department of	'State's records.			
record specifies a delaye	d official data bases	at an effective time	«+ 13:01 a m. on thu a	nation of (b). The 90th	day after the
record specifies a delaye Lis filed.	d effective date, our n	of an effective time.	at 12.01 a.m. on the c	arrier (ii. (b) The 2001	day arer the
PRODUCA DAZ 1.4		2022			
ated FEBRUARY 14		_··			
7	1 bills	TD			
——————————————————————————————————————	Signature of	a member or authorize	Prepresentative of a me	mber	
TIFFONEY B	UTLER				
		Typed or printed na	me of signer		

Filing Fee: \$25.00