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(Re	equestor's Name)	
(Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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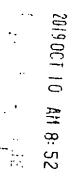
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COVER LETTER

TO: Registration Se Division of Cor			
avo war	Uniaht 1	Condit Course	
SUBJECT:	Name of Lim	Credit Services ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing,	
Please return all correspo	ondence concerning this matter	to the following:	
	7		
	<u></u>	H. Jules Name of Person	
		Firm/Company	
		runvCompany	
	19545 NW.	and Ave	
		Address	
	Miami Fl 3	33169 City/State and Zip Code	
		City/State and Zip Code	
	Julejh 3	object for future annual report notif	iontion
		·	(Catton)
For further information c	oncerning this matter, please co	aH:	
Jean t	1. Jules	at (954) 592 - Area Code Daytime	4176
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liability Compa</u> (A Florida Limited	.iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on Sep	kby 9 2015 and assigned
Florida document number <u>L 19,000 22 73 49</u> .	/	,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		2019
Principal office address MUST BE A STREET ADDRESS)		
		1 1s 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Enter new mailing address, if applicable:		AH
Mailing address MAY BE A POST OFFICE BOX)		
		——————————————————————————————————————
3. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		r records, enter the name of the ne
Name of New Registered Agent:		
Name of New Registered Agent: New Registered Office Address:	Enter Florida s	treet address
		. Florida
New Registered Office Address:	City	
New Registered Office Address:	City	. Florida
	City ee to act in this cape performance of my provided for in Chap	, Florida, Zip Code Zip Code ucity . I further agree to comply with the duties, and I am familiar with and oter 605, F.S. Or, if this document is

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MBR	Joan H. Jules	6024 Su 265t Apt 103, 7	
			□ Remove
			Change
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Note:	ive date, if other than the date of filing:	(3)(b) the
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.	:
Dated	10/05/2017	
	deplature of a member or authorized representative of a member	
	Joan H. Jules	
	- Vita	

Page 3 of 3

Filing Fee: \$25.00