## L19000231023

(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO:

ro:	Registration Sec Division of Corp			
SUBJE	CT: BACK O	N TRACK CREDIT RES	STORATION, LLC	
		Name of Limi	ted Liability Company	
The end	closed Articles of A	Amendment and fee(s) are sub	nitted for filing.	
Please	return all correspon	ndence concerning this matter	to the following:	
		Processing Departmen	nt	
			Name of Person	. 2
				2021 IIAR
			Firm/Company	
5605 Riggins Court Suite 200				
			Address	PH H
		Reno, NV 89502		
			City/State and Zip Code	
		returndocs@incat	Itnority.com to be used for future annual report notifi	cation)
For fur	ther information co	oncerning this matter, please co		,
Proce	essing Departme	ent	at (800 ) 638-2320	
	Name of	Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
<b>0 \$</b> 2:	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Fiting 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		ation Section n of Corporations ox 6327	STREET/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer Tallahassee, FL 323	n ntions nter Circle

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

(Name of the Limited Liability Co	REDIT RESTORATION, LLO  OMBBOD AS It NOW ADDRAYS ON OUR record  ited Liability Company)	rds.)
(A Florida Lim	ited Liability Company)	
e Articles of Organization for this Limited Liability Comp	pany were filed on 09/12/19	and assigned
orida document number L19000231023		
nis amendment is submitted to amend the following:		
-		
If amending name, enter the new name of the limited	liability company here:	
BACK ON TRACK CONSULTING, LLC ne new name must be distinguishable and contain the words "Limited I	Cirklity Community the designation W. I.	C" or the abbreviation "I I C"
le new name must be distinguishable and contain life words "Limited t		.C of the hopreviation L.L.C.
nter new principal offices address, if applicable:	5400 Hammock Drive	<u> </u>
Principal office address MUST BE A STREET ADDRESS	Coral Gables FL 33156	<u> </u>
		. 2
nter new mailing address, if applicable:	5400 Hammock Drive	- 税分 m 1円
Mailing address MAY BE A POST OFFICE BOX)	Coral Gables FL 33156	기일 #: 1J
THIRDS HAVE BETT TOOL OF THE SECTION		를 설명 <b>23</b>
. If amending the registered agent and/or registere	d office address on our record	ds, enter the name of th
		ds, enter the name of th
		ds, enter the name of th
		ds, enter the name of th
Name of New Registered Agent:		ds, enter the name of th
gistered agent and/or the new registered office address		
	here:  Enter Florida street addre	

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>	Address	Type of Action
MGR	Michelle Dennis	5400 Hammock Drive	Ø Add
		Coral Gables, FL 33156	Remove
			Remove
			Change
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ective date, if other	than the date of fi	iling:	or to date of filing		(optional) s after filing.) Pu	ursuent to	o 605.02i
te: If the date inserted	d in this block does n	ot meet the appli	icable statutory f	iling requirement	s, this date wil	l not be	listed a
record specifies a he 90th day after			ot an effectiv	e time, at 12	:01 a.m. on	the e	arlier (
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ted	Jan 12						

Page 3 of 3

Filing Fee: \$25.00