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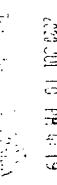
(Re	equestor's Name)	
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

TO: Registration Secti Division of Corpo				
	CREDIT GROUP LLC			
SUBJECT:	New START	Clarify Constituti		
The enclosed Articles of Ar	nendment and fee(s) are submit	tted for filing.		
Please return all correspond	lence concerning this matter to t	the following:		
	JOINES	Name of Person		
	OWN YOUR	CLEDIT GROU Firm/Company	P LLC.	7U20
	<u>1380 Lr</u>	TTLE RIVER 1	DRIVE	(- i) 7028 JUL 10 P
	MIAMI	FL 33/47 City/State and Zip Code	 ,	PH
		GMAIL.COM be used for future annual report notif		<u> </u>
For further information cor	ncerning this matter, please call:	:		
SOINES THELE Name of	_LUS Person	at (305) <u>849</u> Area Code Daytime	- 47/7	
Enclosed is a check for the	following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional co)	of Status &
<u>Mailing Address</u> Registration S		Street Address: Registration Sec	ction	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OWN YOUR CREDIT GROUP LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co	ompany were filed on 06/29/2020 an	id assigned
This amendment is submitted to amend the following:	~	
A. If amending name, enter the new name of the limit	ted liability company here:	
TRILLIANT MARKETING GROUP LLC		
he new name must be distinguishable and contain the words "Limi		on "L.L.C."
Enter new principal offices address, if applicable:	ESS)	
Principal office address MUST BE A STREET ADDR	ESS)	
	10	·
	TH.	
Inter new mailing address, if applicable:	- سند - برا - برا	
Mailing address MAY BE A POST OFFICE BOX)		ē
A CONTRACTOR OF THE BOXY		
		- -
3. If amending the registered agent and/or registered gent and/or the new registered office address here:	office address on our records, enter the name of the	e new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street 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 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>	Name	Address	Type of Action
**			□Add
			□ Remove
			☐ Change
			□Add
			□Remove
			☐ Change ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
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an effection I	date, if other than the date of filing: ive date is listed, the date must be specific and cannot be prior to date of filing of the date inserted in this block does not meet the applicable statutory fit s's effective date on the Department of State's records.		ing.) Pursuant to 605.0207
record d is file	pecifies a delayed effective date, but not an effective time, at 12:01 a.r.	m. on the earlier of: (b)	The 90th day after the
ated _	07/06/2020		
	Signature of a member or authorized representat		

Typed or printed name of signee