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## **COVER LETTER**

	Registration Se Division of Cor			
SUBJEC	Exceptiona	l Affairs, LLC		•
SUBJEC	1;	Name of Lim	ited Liability Company	<del></del>
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspo	ondence concerning this matter	to the following:	
		Elise Cothern		
			Name of Person	<b></b>
		Law 4 Small Business, P.C		
		<del></del>	Firm/Company	
		320 Gold Ave. SW, Ste. 6	2()	
			Address	
		Albuquerque, NM 87102		
		FILINGS@L4SB.COM	City/State and Zip Code	
		É-mail address: (	to be used for future annual report no	otification)
For furthe	r information c	oncerning this matter, please c	all:	
Elise Cothern		505 715-5700		
Name of Person		at () Area Code Dayt	ime Telephone Number	
Enclosed	is a check for th	ne following amount:		
<b>■ \$25.0</b>	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 Addres		Street Address:	· · · · · · · · · · · · · · · · · · ·
Registration Section Division of Corporations P.O. Box 6327			Registration S Division of C	
			The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Exceptional Affairs, LLC		
(Name of the Limited Liability Compa (A Florida Limited	any as <mark>it now appears on our records</mark> Liability Company)	<u>.)</u>
The Articles of Organization for this Limited Liability Company	were filed on 01-06-2020	and assigned
Florida document number L20000011135		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
Top Choice Credit Services LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC"	
Enter new principal offices address, if applicable:		2020
(Principal office address MUST BE A STREET ADDRESS)		TK IP
		20
		PH 12
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		. ω
B. If amending the registered agent and/or registered office	address on our records, <u>enter t</u>	the name of the new registered
agent and/or the new registered office address here:		
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida street address	
	, Flo	
	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
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effective date is listed, t e: If the date inserted	than the date of filing:  the date must be specific and cannot be in this block does not meet the ap e on the Department of State's reco	oplicable statutory filing requ	(optional) an 90 days after filing.) Pursuant to airements, this date will not be	605.020 listed a
cord specifies a delayer filed.	ed effective date, but not an effecti	ve time, at 12:01 a.m. on the	e earlier of: (b) The 90th day a	after the
ed March 16	. 2020	·		
	- X			

Filing Fee: \$25.00

Typed or printed name of signee