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Office Use Only



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COVER LETTER

TO: Registration S Division of Co				
	Clinic USA LLC	- ∙		
SUBJECT:	Name of Limi	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Andrew Friis			
	-	Name of Person		
		Firm/Company		
	801 NE 71 St			
		Address	····	
	Boca Raton FL 33487			
		City/State and Zip Code		
	afriis@aim.com			
	E-mail address: (to be used for future annual report no	tification)	
For further information	concerning this matter, please c	all:		
Andrew Friis		561 8665900 at ()		
Name	of Person	Area Code Daytii	me Telephone Number	
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)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addr		Street Address: Registration S	ection	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 63	327	The Centre of		
Tallahaccon	171 32314	2415 N. Monr	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Credit CLinic USA LLC			
(<u>Name of the Limitec</u> (/	Liability Comp: A Florida Limited	inv as it now appears on our recor Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Lia		were filed on 1/14/2020	and assigned
lorida document number 1.20000021541	·		
his amendment is submitted to amend the follow	ving:		
. If amending name, <u>enter the new name of t</u>	he limited liab	oility company here:	
NA			
the new name must be distinguishable and contain the wor	ds "Limited Liabi	lity Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		NA	2020 Selu Ta
Principal office address MUST BE A STREET	(ADDRESS)		20 HAR 16
			2 2
Enter new mailing address, if applicable:		NA	
Mailing address MAY BE A POST OFFICE B		F 3	
 If amending the registered agent and/or regent and/or the new registered office address 		address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:	NA		
New Registered Office Address:	Na		
		Enter Florida street addre	23
		, F	lorida
		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>	<u>Name</u>	Address	Type of Action
MGR	Andrew Friis	801 NE 71 st	
		Boca Raton FL 33487	Ξ.,
			☐ Change
MGR James Grajek	James Grajek	8107 Valhalla Dr	≣ Add
		Delray Beach FL 33446	□Remove
			Change
			□Remove
			□Add
			Remove
			□ Change
			□Remove
			☐ Change
			🖂 Add
			□Remove
			□ Change

_	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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(If an ef Note:	ive date, if other than the date of filing: (optional) (cetive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
the reco	ed specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the led.
Dated	March 12 2020
	Signature of a member or authorized representative of a member And when the signature of a member of
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