## L 20000021541

	(Requestor's Name)			
	(Address)			
	(Address)			
<del>*************************************</del>	(Address)			
	(City/State/Zip/Phone #)	<del></del> -		
PICK-UF	P WAIT MA	AIL		
	(Business Entity Name)			
	(Document Number)			
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				





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VARSE FOR AM SEEDS



August 4, 2023

ANDREW FRIIS

801 NE 71 ST BOCA RATON, FL 33487 US

SUBJECT: THE CREDIT CLINIC USA LLC

Ref. Number: L20000021541

We have received your document for THE CREDIT CLINIC USA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title you have listed for the individual(s) managing the LLC is not acceptable.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Antoinette A Gonzalez Regulatory Specialist II

Letter Number: 723A00017622

AUG 23 Low

## COVER LETTER

Registration Section

Division of Corporations

TO:

The Credit	Clinic USA LLC		
SUBJECT:	Name of Lim	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:	
	Andrew Friis		
		Name of Person	
		Firm/Company	
	801 NE 71 st		
		Address	
	Boca Raton FL 33487	City/State and Zip Code	
	afriis@aim.com	City/state and Zip Code	\$
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	32 32
Andrew Friis		561 8665900 at ()	· 
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for the	ne 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		<u>Street Address:</u> Registration Se	
Division of Corporations P.O. Box 6327		Division of Cor The Centre of T	•
Tallahassee, FL 32314			be Street, Suite 810

Tallahassee, FL 32303

## ARTICLES, OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Credit Clinic USA LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Lia	y as it now appears on our records.) ability Company)	<del></del>
The Articles of Organization for this Limited Liability Company with the Horida document number 1,20000021541	vere filed on 1/14/2020	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:		,3
Principal office address MUST BE A STREET ADDRESS)		ار ا در ا است است است ا
<del></del>		<u></u>
		2
Enter new mailing address, if applicable:		3
Mailing address MAY BE A POST OFFICE BOX)		ب
Maining duaress STAT DI. A FOST OFFICE DOA		ე.
3. If amending the registered agent and/or registered office ac gent and/or the new registered office address here:	ldress on our records, <u>enter the n</u>	ame of the new regist
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 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
MER MER	James Grajek	801 NE 71 st Boca Raton FL 33487	
			■ Remove
			Change
MR WFK	Andrew Friis	801 NE 71 st Boca Raton Fl 33487	<b>≘</b> Add
			□Remove
			□ Change
<del></del>			<u>-&gt;</u> Add :
			[] Change
			 Ø □Add
			□ Remove
			☐ Change
			□ Remove
			☐ Change
			□ Add
			□Remove
			[]Chanas

Typed or printed name of signee