

L20000046703

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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TALLAHASSEE, FLORIDA

SEP 08 2020

S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** REALTY RELATED RESOURCES LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

FERNANDO PETERS

\_\_\_\_\_  
Name of Person

N/A

\_\_\_\_\_  
Firm/Company

1201 EAST PONCE DE LEON BLVD., SUITE 103

\_\_\_\_\_  
Address

CORAL GABLES, FLORIDA 33134

\_\_\_\_\_  
City/State and Zip Code

creso657@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FERNANDO PETERS

646 717-0696  
\_\_\_\_\_  
at ( )  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

REALTY RELATED RESOURCES LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/10/2020 and assigned  
Florida document number L20000046703

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

BIZ CREDIT ASAP LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

848 BRICKELL BAY DRIVE

PENTHOUSE 5

MIAMI, FLORIDA 33131

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

848 BRICKELL BAY DRIVE

PENTHOUSE 5

MIAMI, FLORIDA 33131

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent: N/A

New Registered Office Address: N/A  
*Enter Florida street address*

N/A N/A  
*City Florida 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>	<u>Address</u>	<u>Type of Action</u>
MGR.	FERNANDO PETERS	1201 EAST PONCE DE LEON BLVD.	<input type="checkbox"/> Add
		SUITE 103	<input checked="" type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Change
MGR./AM	REGLA COLLAZO	3492 SW 2ND STREET	<input checked="" type="checkbox"/> Add
		MIAMI, FLORIDA 33135	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	FERNANDO PETERS	1201 EAST PONCE DE LEON BLVD.	<input checked="" type="checkbox"/> Add
		SUITE 103	<input type="checkbox"/> Remove
		CORAL GABLES, FLORIDA 33134	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

ARTICLE III - TO BE AMENDED FROM "REAL ESTATE CONSULTING AND INVESTMENTS"

AMENDING TO THE FOLLOWING:

BUSINESS CONSULTING & ACQUISITION OF ALL TYPES OF DISTRESSED DEBTS

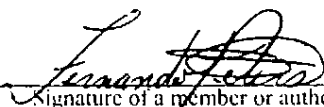
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective 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)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated JULY 20, 2020



Signature of a member or authorized representative of a member

FERNANDO PETERS

Typed or printed name of signee