## 120000049905

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(Address)
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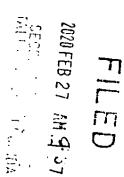
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## **COVER LETTER**

TO:

TO: Registration Sec Division of Corp			
	CREDIT REPAIR.LLC		
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
	ndence concerning this matter		
	Tennille Moore		
		Name of Person	· · · · · · · · · · · · · · · · · · ·
CEDITPRO CREDIT REPAIR,LLC		AIR,LLC	
		Firm/Company	
	913 Wintergarden dr.		
		Address	
	SARASOTA, FL 34243		
		City/State and Zip Code	
	tennille.moore@gmail.com		
For further information e	E-mail address: ( oncerning this matter, please c	to be used for future annual report no all:	offication)
Tennille Moore		941 962-8010	
Name o	f Person	at () Area Code Dayti	me 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		Street Address: Registration S	Section
Division of Corporations		Division of Corporations	
P.O. Box 632 Tallahassee,		The Centre of 2415 N. Mon	`Tallahassee roe Street, Suite 810
i minimosco,	·	= 113 11, 111011.	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO. ARTICLES OF ORGANIZATION **OF**

CEDITPRO CREDIT REPAIR,LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our records. nited Liability Company)	)
The Articles of Organization for this Limited Liability Com	pany were filed on 2/12/2020	and assigned
Florida document number L20000049905		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
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 ADDRES	(S)	
		71.
		720
Enter new mailing address, if applicable:		
		2
(Mailing address MAY BE A POST OFFICE BOX)		- III
		<u>-: _=</u>
R. If amonding the registered goest and/or registered of	Sound Inocons and an accordance to the	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	nce address on our records, enter t	ne name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flor	rida
<del></del> -	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.

Zip Code

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	TENNILLE MOORE	3215 43RD AVE E, BRADENTON FL 34208	<b>=</b> Add
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
		Remove	
		<del></del>	Change
			□Add
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		<u>· · · · · · · · · · · · · · · · · · · </u>	Change
<del></del>	<del></del>		□Add
			□Remove
			□Change

ective date, if other than the date of filing:  (optional)  n effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) P  te: If the date inserted in this block does not meet the applicable statutory filing requirements, this date wis cument's effective date on the Department of State's records.	ursuant to 605,020° ill not be listed as
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 9 s filed.	90th day after the
ed	
Signature of a member or authorized representative of a member	

Filing Fee: \$25.00