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(Requ	estor's Name)	
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Certified Copies	Certificate	s of Status
Special Instructions to Sill	ina Officar	
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COVER LETTER

TO:	Registration Se Division of Cor						
	911 Credit	Repair LLC	n e				
SUBJE	ECT:	Name of Lim	ited Liability Company				
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all correspo	ndence concerning this matter	to the following:				
		Rosanna Cochran					
			Name of Person				
			Firm/Company				
		7208 W SAND LAKE ROAD SUITE 305					
		Address					
		ORLANDO, FL 32819					
		City/State and Zip Code support@jrprogressnetwork.com					
		E-mail address: (to be used for future annual report notif	ication)			
For furt	ther information co	oncerning this matter, please ca	all:				
Rosant	na Cochran		939 2167848				
	Name of	f Person	at () Area Code Daytime	Telephone Number			
Enclose	ed is a check for th	ne following amount:					
■ \$23	5.00 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	<u>s:</u>	Street Address:	tion			

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

(Name of the Lim	ited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
the Articles of Organization for this Limited I lorida document number 1.20000051963		were filed on	and assigned
his amendment is submitted to amend the fol	lowing:		
. If amending name, enter the new name of	of the limited liab	ility company here:	
R Progress Consultants, LLC			
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		7208 W SAND LAKE ROAD SUIT	E 305
		ORLANDO, FL 32819	
aton you mailing address if applicables			
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office a		name of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or	registered office : ess here: Rosanna Cochi	an	name of the new regi
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or gent and/or the new registered office address: New Registered Office Address:	registered office : ess here: Rosanna Cochi	an LAKE ROAD SUITE 305	ame of the new regi
Mailing address MAY BE A POST OFFICE 3. If amending the registered agent and/or gent and/or the new registered office address Name of New Registered Agent:	registered office : ess here: Rosanna Cochi	an	name of the new regi

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.

To Park

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
			□Remove
			□Change
			□Remove
			Change
		□Add	
		□Remove	
			Change
		□Add	
		□Remove	
			Change
		□Add	
			□Remove
			□ Change

(Changing address to 7208 W SAND LAKE ROAD SUITE 305 Orlando FL 32819
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ffectiv	e date, if other than the date of filing:
an effe ote: 1	etive 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 605,020 f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a nt's effective date on the Department of State's records.
ecord is file	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 d.
ited _	Warch 15 2021 Reserve Coch
	Resonne Capi
	Signature of a member or authorized representative of a member
	and the state of a state of the