

L20000064156

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

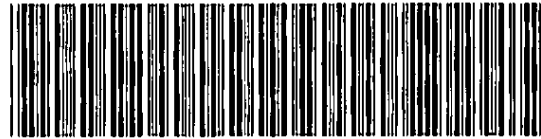
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CREDIT BROS 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:

AARON STEEDE
Name of Person
CREDIT BROS LLC
Firm/Company
13575 58TH STREET NORTH SUITE 200
Address
CLEARWATER, FL 33760
City/State and Zip Code
AARON@THECREDITBROS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

AARON STEEDE                      813        7330794  
\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
**Name of Person                      Area Code                      Daytime 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 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**

CREDIT BROS 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 02/26/2020 and assigned  
Florida document number L20000064156.

This amendment is submitted to amend the following:

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

N/A

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)**

13575 58TH STREET NORTH

SUITE 200

CLEARWATER, FL 33760

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

**(Mailing address MAY BE A POST OFFICE BOX)**

13575 58TH STREET NORTH

SUITE 200

CLEARWATER, FL 33760

**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:

AARON STEEDE

New Registered Office Address:

13575 58TH STREET NORTH SUITE 200

*Enter Florida street address*

CLEARWATER

*City*

Florida 33760

*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>
AMBR	AARON STEEDE	3281 BIRCHHAVEN TRACE	<input type="checkbox"/> Add
		POWDER SPRINGS, GA 30127	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	AARON STEEDE	13575 58TH STREET NORTH	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		CLEARWATER, FL 33760	<input type="checkbox"/> Change
AMBR	CHRISTOPHER WATSON	113 ROANOKE STATION CIRCLE	<input type="checkbox"/> Add
		CLARKSVILLE, TN 37043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHRISTOPHER WATSON	13575 58TH STREET NORTH	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		CLEARWATER, FL 33760	<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

2020 NOV 18 AM 10:24  
 DIVISION OF STATE  
 TAXES, FL

2020 NOV 18 AM 10:24  
OFFICE OF PRIVATE  
PROSECUTOR  
FLORIDA

2020 NOV 18 AM 10:24  
STATION OF STATE  
FLORIDA SEEL FL

(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)

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.

Signature of a member or authorized representative of a member

Typed or printed name of signee