## L20000 100 364

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## **COVER LETTER**

TO:

TO: Registration Se Division of Cor			
	it Restoration, LLC	•	
SUBJECT:	Name of Lin	nited Liability Company	<del></del>
T1 1 14 1 C			
	Amendment and fee(s) are sub	· ·	
Please return all correspo	ondence concerning this matter	to the following:	
	Veronique Pires-Mendes		
		Name of Person	
	MDL Credit Restoration, I	LLC	
		Firm/Company	
	13650 Ashlar Slate Pl		
		Address	
	Riverview, FL 33579		
		City/State and Zip Code	
	milovp@yahoo.com		
For forther information of		to be used for future annual report no	tification)
	oncerning this matter, please c		
Veronique Pires-Mendes		862 218-2780 at ()	
Name o	f Person	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 Addres		Street Address: Registration S	ection
Registration Section Division of Corporations		Division of Co	
P.O. Box 632	•	The Centre of	Tallahassee
Tallahassee, l	FL 32314	2415 N. Monn	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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MDL Credit Restoration, LLC

2020 \*\*\*\* 13 ATTIO: 38

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000100364  This amendment is submitted to amend the following:	were filed on <u>04/09/2020</u>	and assigned
A. If amending name, enter the new name of the limited liab	liter company barre	
M.D.L Enterprise Group, LLC	mty company nere:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company " the decignation "I I C" and he abb	
Enter new principal offices address, if applicable:	100 S. Ashley Drive, Suite 600	eviation "L.L.C.
(Principal office address MUST BE A STREET ADDRESS)	Tampa, FL 33602	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	100 S. Ashley Drive, Suite 600 Tampa, FL 33602	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name o	of the new registo
N. B. in 1000 and		
New Registered Office Address:	Enter Florida street address	
	, Florida	
<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.

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>	Name	Address	Type of Action
			≅Add
			Remove
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			□ Add
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f an effe <u>Note:</u>	ve date, if other than the date of filing:
e recon	d 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 ed.
Dated .	5/9/20
	The state of the s
	Signature of a member or authorized representative of a member