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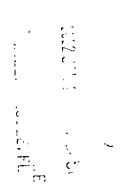
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A. BUTLER FEB - 4 2022

COVER LETTER

	gistration Sec vision of Corp			
eun ir et	Garay Servi			
SUBJECT:		Name of Limi	ted Eiability Company	
The enclose	ed Articles of a	Amendment and fee(s) are sub-	nitted for filing.	
Please retur	n all correspo	ndence concerning this matter t	o the following:	
		Humberto Garay		
			Name of Person	
		Garay Services LLC		
			Firm Company	
		5201 Blue Lagoon Dr 8th F	FI .	
			Address	
		Miami, FL 33126		
			City/State and Zip Code	
		hgaray@creditrightservices.		
		E-mail address: (t	to be used for future annual report no	otification)
For further	information c	oncerning this matter, please co	all:	
Humberto	Garay		786 589-9284	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed is	a check for th	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

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Garay Services LLC	
(Name of the Limited	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	pility Company were filed on 04/20/2020 and assigned
Florida document number L20000106906	·
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
Analyze Credit LLC	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u> </u>
B. If amending the registered agent and/or regagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registered</u> here:
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	, Florida

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 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
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			□Change
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Effective date, if other than the d	ck does not meet t	the applicable state	filing or more than 90 story filing requiren	(optional) days after filing.) Pursua nents, this date will no	ant to 605,0207 of be listed as
Note: If the date inserted in this bloc					
Note: If the date inserted in this bloc document's effective date on the Dep the record specifies a delayed	effective date, rd is filed.	, but not an eff	ective time, at	12:01 a.m. on th	e earlier of
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