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## **COVER LETTER**

TO:

ГО:	Registration Se Division of Cor			
सार्वा	CT.	Cred	dEd, LLC	
SUBJE	.cr:	.1	ted Liability Company	
l'he en	closed Articles of	Amendment and fee(s) are subt	nitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		John J. McGly	ynn III	
			Name of Person	
		Law Offices o	of John J. McGlynn III, PLLC	
			Firm/Company	<del></del>
		729 S.W. Fed	eral Highway, Suite 102	
			Address	
		Stuart, Florida	a 34994	
			City/State and Zip Code	
		r — -	outhfllawfirm.com	tication)
For fur	ther information c	oncerning this matter, please ca	·	incultony
Jol	nn McGlynn		772 349-56	546
	Name o	f Person	Area Code Daytim	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
<b>IX</b> \$2	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)
	Registr	ING ADDRESS: ration Section on of Corporations	STREET/COURI Registration Section Division of Corpor	n

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cred	dEd, LLC	772JA!!? 17 F!! 3: 19
(Name of the Limited Capill (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability (Florida document number	Company were filed on	April 27, 2020 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company ho	ere:
The new name must be distinguishable and contain the words "Lir	nited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD.	RESS)	
	<del></del>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida street address
	<del></del>	Florida
	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>	<u>Name</u>	Address	Type of Action
MGR	Caterina Angelone	6880 Graham Road	: 19 □ Add
		Fort Pierce, Florida 34945	<b>⊠</b> Remove
			□ Change
AMBR Caterina Angelone	Caterina Angelone	6880 Graham Road	🖾 Add
	Fort Pierce, Florida 34945	□ Remove	
			Change
	<del></del>		
		<del></del>	□ Remove
		<del></del>	☐ Change
			Remove
			□ Change
			🗆 Add
			□ Remove
			□ Change
<del></del>	<del></del>		Add
			□ Remove
			Change

	4.2. At 17 Fit 3: 19
(If an ef Note:	tive date, if other than the date of filing:
	ecord specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlier $\alpha$ e 90th day after the record is filed.
Dated	I August 11 . 2020 .
	Signature of a member of authorized representative of a member
	Signature of a member of authorized representative of a member
	John J. McGlynn III  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00