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COVER LETTER

TO:

TO: Registration Division of	i Section Corporations		
UPTRE	ND CREDIT COUNSELING, LL	С	
SUBJECT:	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	unitted for tiling	
	spondence concerning this matter	<u> </u>	
	WESLEY PAUL		
		Name of Person	
	UPTREND CREDIT COU	INSELING, LLC	
		Firm Company	
	401 E. LAS OLAS BLVD	. SUITE 130-241	
		Address	
	FORT LAUDERDALE, F	LORIDA 33308	
		City/State and Zip Code	
	wespaul1804@gmail.com E-mail address: (to be used for future annual report notil	ication)
for further informatic	on concerning this matter, please co		
WESLEY PAUL		305 801-7818	
Nan	ne of Person	at () Area Code Daytime	e Telephone Number
inclosed is a check for	or the following amount:		
■ \$25.00 Filing Fee	S30,00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
P.O. Box 6	n Section f Corporations	Street Address: Registration Sec Division of Corp The Centre of T 2415 N. Monroc Tallahassee, FL	porations allahassee 2 Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UPTREND CREDIT COUNSELING, LLC

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(<u>Name of the Limited Liability Con</u> (A Florida Limite	pany as it now appears on our re	cords.)
		$\alpha_0^{(1)}$
The Articles of Organization for this Limited Liability Compa	ny were filed on 05/01/2020	and assigned
Florida document number L20000118217		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
UPTREND CREDIT SOLUTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Lia	bility 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)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		
B. If amending the registered agent and/or registered office	e address on our records, <u>en</u>	ter the name of the new registered
agent and/or the new registered office address here:		
Norma of Nave David at and America		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
		Florida Zip Code
Now Designated Agent's Construct if shapping Designation Agent	•	zip Code
New Registered Agent's Signature, if changing Registered Agen	_	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office	te performance of my duties provided for in Chapter 60	, and I am familiar with and 95, F.S. Or, if this document is
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:

or removed from our records:		
MGR = Manager		
AMBR = Authorized Member	•	

<u>Title</u>	<u>Name</u>	Address 2 HAR 31 AH 6: 49	Type of Action
			UAdd
			□Remove
			🗀 Remove
			UChange
			🗀 Add
			∐Remove
			□Change
			□Remove
			□Add
			□Remove
			☐ Change
			
			Remove
			Channa

	<u> </u>
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ctive date, if other than the date of f	filing: (optional)
effective date is listed, the date must be specifi-	ic and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02
e: If the date inserted in this plock does is ament's effective date on the Department	not meet the applicable statutory filing requirements, this date will not be listed tof State's records.
ord specifies a delayed effective date, but	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
filed.	•
12/22/2	
.d 03/29/2021	
/ /-	
Signature of	of a thember or authorized representative of a member