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2022 HAR IL AM 8: 24 SEURETARY OF STATE

A. BUTLER MAR 2 8 2022

COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

CREDIT FI	NANCIAL PRO, LLC		•
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	TANIA ESPEJO		
		Name of Person	
	CREDIT FINACIAL PRO	, LI.C	
		Firm/Company	
	7844 WILES ROAD		
		Address	
	CORAL SPRINGS, FLOR	IDA 33067	
		City/State and Zip Code	
	CREDITFINANCIALPRO(
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
Tania Espejo		954 200-9842 at ()	
Name o	f Person		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 Registration S		Street Address: Registration Sec	tion
Division of Corporations		Division of Corp	

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

CREDIT FIXER PLUS, LLC

2022 HAR 14 AM 8: 24

(Name of the Limited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company LURE IARY OF STATE	
(Name of the Limited Liability Compa (A Florida Limited) The Articles of Organization for this Limited Liability Company	TALLAHASSEE, FL	
	were filed on JULY 31, 2020 and assigned	
Florida document number L20000229555		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
CREDIT FINANCIAL PRO, LLC		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	7844 WILES ROAD	
(Principal office address MUST BE A STREET ADDRESS)	CORAL SPRINGS, FLORIDA 33067	
Enter new mailing address, if applicable:	7844 WILES ROAD	
(Mailing address MAY BE A POST OFFICE BOX)	CORAL SPRINGS, FLORIDA 33067	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the name of the new register</u> c	
Name of New Registered Agent:		
New Registered Office Address:	•	
	Enter Florida street address	
	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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change
		-	□Add
			□Remove
			Change
			□Add
			Remove
			□Change
			□Add
			Remove
			[]Change
			□Add
			□Remove
			Change

lf amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	,
-	
	•
f an effecti Note: If t	date, if other than the date of filing:
record sid is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	March 7-14. 2022.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee