L20000296171

(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

TO: Registration S Division of Co			
	Credit Firm, LLC	•	
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Alejandro L. Gutierrez		
		Name of Person	
	National Credit Firm, LLC		
		Firm/Company	
	11002 SW 125TH CT		
		Address	
	MIAMI, FL 33186		
		City/State and Zip Code	
	alejandro.gutierrez92@outl	to be used for future annual report notification)	
For further information	concerning this matter, please c		
Alejandro L. Gutierrez	- · · · · · · · · · · · · · · · · · · ·	786 5052227	
	of Person	at () Area Code Daytime Telephone Number	
· · · · · · · · · · · · · · · · · · ·		, , , , , , , , , , , , , , , , , , ,	
Enclosed is a check for	the following amount:	2022 5 E C	
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy: Certified Copy: Certified Copy: Certified Copy is enclosed)	
Mailing Addre Registration Division of O P.O. Box 63 Tallahassee.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limit	ited Liability Cor (A Florida Limi	mpany as it now appears on ted Liability Company)	our records.)
The Articles of Organization for this Limited I lorida document number 1.20000296171		any were filed on 09/21/2	020 and assigned
his amendment is submitted to amend the fol	lowing:		
If amending name, enter the new name of	of the limited l	iability company here:	
National Credit Firm, LLC			
he new name must be distinguishable and contain the	words "Limited L	iability Company," the design	ation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	N/A	
<u>Principal office address MUST BE A STRE</u>	<u>ET ADDRESS</u>	2	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	E BOX)	N/A	
 If amending the registered agent and/or gent and/or the new registered office addre 		ice address on our recor	ds, enter the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida s	treet address
			, Florida Zip Code
		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 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
			□Add
			□Remove
			□Change
			Remove
			□Change
			□Remove
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			Change
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ective date, if other than t	he date of filing:		(optional)
effective date is listed, the date n	aust be specific and cannot be prio-	r to date of filing or more than	90 days after filing.) Pursuant to 605.0 ements, this date will not be listed
e. If the date inserted in this	Department of State's records	S.	ements, and date will not be listed
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ument's effective date on the			
cord specifies a delayed effect	tive date, but not an effective t	time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after
cord specifies a delayed effect	tive date, but not an effective t	time, at 12:01 a.m. on the ea	arlier of: (b) The 90th day after
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