## LZO 000311184

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## **COVER LETTER**

TO:

Registration Section

Division of Cor	porations				
	TTOM CREDIT REPAIR LLC				
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.			
	ondence concerning this matter	_			
·	·	-			
	ROB MENDEZ				
		Name of Person		_	
	ROCK BOTTOM FINAN	CIAL CONSULTANTS LLC			
		Firm/Company	<u> </u>	_	
	50 N LAURA ST STE 250	00		ZUZ!	3
		Address			, s
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	~	NANCIALCONSULTANTS.COM		 	_ ¥
		to be used for future annual report notif	fication)	그림 -	<del>۔</del> ک
For further information c	oncerning this matter, please of	all:			
ROB MENDEZ		844 963-9639 at ( )			
Name o	f Person		e Telephone Numbe	<del>т</del>	
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &	
Mailing Addres Registration S Division of C	Section	Street Address: Registration Sec Division of Cor			
P.O. Box 632	•	The Centre of T	•		
Tallahassee, I	L 32314	2415 N. Monroe	e Street, Suite 8	310	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROCK BOTTOM CREDIT REPAIR LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{10/02/2020}{10/02/2020}$ and assigned Florida document number \_\_\_\_\_\_\_L20000311184 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: ROCK BOTTOM FINANCIAL CONSULTANTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 7.344.5 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent:

## lew Registered Agent's Signature, if changing Registered Agent:

New Registered Office Address:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and scept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is sing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability impany has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_ . Florida \_\_

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
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DECEMBER 18 2020						
Signature of a member or an	unhariend e		ua af a mamb			

Filing Fee: \$25.00