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COVER LETTER

TO:

	gistration Se ision of Cor			
CUDIECT.	Credit Con	nection L.L.C.		
SUBJECT:		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	indence concerning this matter	to the following:	
		Michael Dempsey		
			Name of Person	
		ZenBusiness Inc.		
			Firm/Company	
		5511 Parkerest Drive Suite	103	
			Address	
		Austin, Texas, 78731		
			City/State and Zip Code	
		fulfillment@zenbusiness.co		
		E-mail address: (to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please ca	all:	
Michael Der	npsey c/o Ze	nBusiness Inc.	844 493-6249	
	Name of	f Person	Area Code Dayti	me Telephone Number
Enclosed is a	check for th	ne following amount:		
■ \$25.00 F	filing Fee	S30.00 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)
	iling Addres gistration S		Street Address: Registration S	ection
		orporations	Division of Co	
P.C). Box 632	7	The Centre of	Tallahassee
Tal	lahassee, I	² L 32314	2415 N. Monr	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION ()

2022 FEB 28 AH 7: 50

Credit Connection L.L.C.

(Name of the Limited Liability Company as it now appears on our records.) STA (E)
(A Florida Limited Liability Company) (A Florida Liability Company) (A

The Articles of Organization for this Limited Liab	· · · ·	and assigned
Florida document number 1.21000032073		
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of t	he limited liability company here:	
Waddell Connection LLC		
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or reg agent and/or the new registered office address		e name of the new registere
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	.
	tmer r tortaa street aaaress	
	, Flori	ida
	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
AMBR	SHANNAN WADDELL	14205 POKE RIDGE DRIVE	
		RIVERVIEW, FL. 33579	≅Remove
			□Change
			□Remove
			□Change
			🗆 Add
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove
			□Change

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Effective date, if other than the difference date is listed, the date must be Note: If the date inserted in this blockdocument's effective date on the Dep	be specific and cannot be pr ck does not meet the app	licable statutory fil	(option more than 90 days after tiling requirements, this d	ing.) Pursuant to 605.0207 (3
e record specifies a delayed effective and is filed.	date, but not an effective	e time, at 12:01 a.m	, on the earlier of: (b)	The 90th day after the
Dated February 22	2022	·		
/s/Vandell D Waddi	eu ignature of a member or a			

Filing Fee: \$25.00