

L21000118048

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

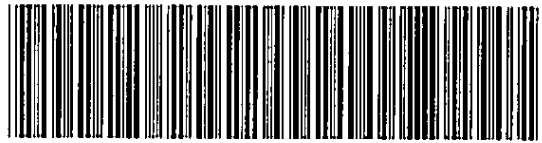
(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** CREDIBLE SOLUTIONS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW S. TREXLER

Name of Person

CREDIBLE SOLUTIONS LLC

Firm/Company

380 LAKE ONTARIO CT UNIT 104

Address

ALTAMONTE SPRINGS FL, 32701

City/State and Zip Code

A.TREXLER@CREDIBLESOLUTIONS.ORG

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW S. TREXLER

407

335-5642

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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 Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**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**

CREDIBLE SOLUTIONS LLC

2021 03 29 PM 3:09

(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 MARCH 23, 2021 and assigned  
Florida document number L21000118048.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

N/A

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

PO BOX 151390

**(Mailing address MAY BE A POST OFFICE BOX)**

ALTAMONTE SPRINGS, FL 32701-9998

**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:

N/A

New Registered Office Address:

N/A

*Enter Florida street address*

Florida

*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>	<u>Address</u>	<u>Type of Action</u>
MGR	JESSICA MARIE QUIAMBAO	6064 BENT PINE DR	<input checked="" type="checkbox"/> Add
		APT 3811	<input type="checkbox"/> Remove
		ORLANDO FL. 32822	<input type="checkbox"/> Change
MGR	CESAR ALBERTO GUERRERO	1040 ABERNATHY LN	<input checked="" type="checkbox"/> Add
		APT 310	<input type="checkbox"/> Remove
		APOPKA FL 32703	<input type="checkbox"/> Change
MGR	NATHANAEL G. ELLIOTT	1040 ABERNATHY LN	<input checked="" type="checkbox"/> Add
		APT 310	<input type="checkbox"/> Remove
		APOPKA FL 32703	<input type="checkbox"/> Change
MGR	LISA A. AUDLEY	582 ORANGE DR.	<input type="checkbox"/> Add
		APT 104	<input checked="" type="checkbox"/> Remove
		ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Change
MGR	KEEGAN C. HARKNESS	582 ORANGE DR APT 103	<input type="checkbox"/> Add
		APT 103	<input checked="" type="checkbox"/> Remove
		ALTAMONTE SPRINGS FL 32701	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This Credible Solution LLC Continues to  
be a member managed organization.

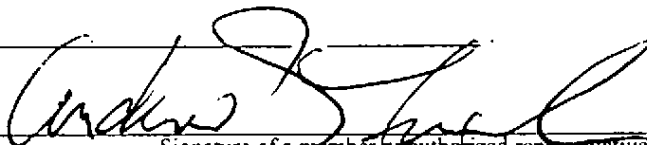
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

ANDREW S. TREXLER

Typed or printed name of signee