LZ1000178839

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	-
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	TIAW [MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	<u> </u>
Certified Copies	Certificate	s of Status
	-	
Special Instructions to	Filing Officer:	
		i india
		6/24/2
<u> </u>		

Office Use Only



200364366142

85/28/21--01008--010 **25.00

21 MAY 20 PM 12: 24

COVER LETTER

TO: Registration So Division of Cor			Λ
Credit Scor	re Plan		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Ranyouri Senia		
		Name of Person	
	Credit Score Plan		
		Firm/Company	<u></u>
	11531 Ashton Field Ave		
		Address	
	Riverview FL 33579		
		City/State and Zip Code	
	seniamglle@gmail.com	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ca	-	
Ranyouri Senia		813 330-0416	
Name e	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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		Street Address: Registration Sect	

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

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



Credit Score Plan

21 MAY 20 PH 12: 24

(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 _______ _____ and assigned Florida document number _____L21000178839 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: (Principal office address MUST BE A STREET ADDRESS) 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: New Registered Office Address: Enter Florida street address ____, Florida ______Zip Code Cttv

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	21 HAY 20 P	Type of Action
MGR	Ranyouri Senia	11531 Ashton Field A	ve Riverview FL 33579	🗏 Add
				□ Rелюче
				□Change
				□ Add
			□ Rei	Remove
				Change
				□ Add
				_ □Remove
				_ Change
				_ 🗆 Add
	_			□ Remove
			-	_ 🗆 Change
			_ 🗆 Add	
				_ 🗆 Remove
				_ □Change
				_ 🗆 Add
				Remove
		<u></u>		_ Change

					, if necessary.)	ठ ।
					21 MAY 2	fi turz.
					· · · · · · · · · · · · · · · · · · ·	
			·	<u> </u>		
				<u> </u>		
 						
						 -
	 .					
	-				-	
						
			<u> </u>	 ,		·
						
		-	-	<u> </u>	·	
			·-·			
					-	
						_
	<u> </u>					
es in the date maci	er than the date of it, the date must be specifited in this block does ate on the Department	not meet the appi	icable statutory i	or more than 90 day iling requiremen	(optional) s after filing.) Pursu ts, this date will n	iant to 605 020 of be listed a
cord specifies a dela s filed.	ayed effective date, bu	t not an effective	time, at 12:01 a.	m. on the earlier	of: (b) The 90th	day after the
60	- May 17t	202	Á			
6d 5-17	14014 1 1-	-· <u> </u>				
ed 5-17 RHK	XMa.	of a member or aut				

Filing Fee: \$25.00