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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Coolington Coolington)
Cadified Carios Cadificatos of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration S Division of Co			
ware (12	14 5023 LL		
SORTECT:	dit Soza IL	ited Liability Company	
The enclosed Articles o	f Amendment and fec(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	VICtor B	Name of Person	
	Credit	Firm/Company	
		Firm/Company	
	1748 SU	1 23/d st	
		Address	
	MIA	M1, F1 33145	
		City/State and Zip Code	
	creditsoon	to be used for future annual report noti	<u> </u>
For further information	e-man address: () concerning this matter, please ca		neatton)
	-		7 .1.
VICTOR	Bay 10 Sa	at (305) 519 Area Code Daytim	The Stanton
Name	of rerson	Area Code - Daytun	e reiepitotte 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 radditional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
Mailing Addre		Street Address:	
Registration		Registration Sec Division of Cor	
P.O. Box 63	Corporations 27	The Centre of T	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Credit soon LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000253590</u>	were filed on \(\mathbb{G}\)/OI/ZI	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil		
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1748 SW Z3 rd St MIAMI, FI 33145	
Enter new mailing address, if applicable:	1748 SW Z3 NJS- MIAMIL FI 33145	2 2 2 3 1
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name	-
Name of New Registered Agent:	,	
New Registered Office Address:	Enter Florida street address	
	, Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am fai provided for in Chapter 605, F.S. Or, if	miliar with and this document is

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>	Name	Address	Type of Action
AMBR	Victor Barroso Jr.		[Z]Add
		MIAM, FL 33145	□Remove
			□Change
<u>P</u>	Victor Barnso Jr.	2520 CO/A WAY # 2220	O DAdd
		MIAM, FL 33145	Remove
			□Change
		- 	Add
		=: ·	Remove
		- · ·	PHChange
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be prior to date ote: If the date inserted in this block does not meet the applicable standard or self-ective date on the Department of State's records.	(optional) of filing or more than 90 days after filing.) Pursuant to atutory filing requirements, this date will not be
record specifies a delayed effective date, but not an effective time, at lis filed.	12:01 a.m. on the earlier of: (b) The 90th day
ated JUNY 22 2021	
Signature of a member or authorized to	

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