## L21000356808

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## **COVER LETTER**

SOURZ CO	OLLECTION, LLC		
, observ	Name of Lim	ited Liability Company	
The enclosed Anicles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Salvador F. Rovira		
		Name of Person	
	Sourz Collection, LLC		
		Firm/Company	
	10411 Moss Park Rd.		
		Address	
	Orlando, FL 32832		
		City/State and Zip Code	
	srovira@rrgrouppr.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	concerning this matter, please co	all:	
Salvador F. Rovira		407 815-7377	
Name o	of Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for t	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
<u>Mailing Addres</u> Registration		<u>Street Address:</u> Registration Se	ction
Division of C		Division of Cor	

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

SOURZ COLLECTION, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	-
The Articles of Organization for this Limited Liability Com Florida document number <u>L21000256808</u> .	pany were filed on June 2, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	l liability company here:	
CREDEMTIA LLC		
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 ADDRES	<u></u>	
Enter new mailing address, if applicable:		2022 NOV
(Mailing address MAY BE A POST OFFICE BOX)		18 T
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>enter the n</u>	ame of the new register
Name of New Registered Agent:	<u> </u>	
New Registered Office Address:	Enter Florida street address	
	. Florida	
	Cin	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 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>	Type of Action
			□Add
			□Remove
			Change
			□Add
			□Remove
			□Change
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			□Change
			□Add
			Remove
			□ Change

If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
(If an ef Note:	tive date, if other than the date of filing: (optional) lective 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) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
the reco	rd 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 iled.
Dated	November 8 2022
	Signature of a member or authorized representative of a member
	Salvador F. Rovira

Filing Fee: \$25.00