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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: AFFLENT APPROVAL Credit 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:	
Darian Ogunsmilusi Name of Person	
Name of Person	
Afflow Approval Cichit LLC Firm/Company	
Firm/Company	
309 Connections Rd	
Address	
Lchigh Acres, FL 33936 City/State and Zip Code	
darianogunumilus, (gamail. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (65) 412-1090 Area Code Daytime Telephone Number	
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee S25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FI. 323142415 N. Monroe Street, Suite 810Tallahassee, FI. 32303	

TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	y Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liabil Florida document number <u>しるいのろ</u> 名である	ompany were filed on 08117/2021 and assigned
This amendment is submitted to amend the following	
A. If amending name, enter the new name of the	ted liability company here:
<u>X</u>	ited Liability Company," the designation "LLC" or the abbreviation "L,L,C."
The new name must be distinguishable and contain the words	ited Liability Company," the designation "LLC" or the abbreviation "L,L,C,"
Enter new principal offices address, if applicable	<u>×</u>
(Principal office address MUST BE A STREET A	(ESS)
Enter new mailing address, if applicable:	×
(Mailing address MAY BE A POST OFFICE BO.	
B. If amending the registered agent and/or regis	I office address on our records, <u>enter the name of the new regis</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
_	Florida
	City Zip Code

New Registered Agent's Signature, it changing Registered Agent.

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with 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

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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		Lohish Acres, FL 33936	⊠Remove
		309 connecticut Rd	≚ Change
MBR	Darian Osyntemilus!	Lehigh Acray, FL 33936	🗀 Add
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