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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
cinalit	AUUTESS:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **CREDIT SMART WARRIOR LLC**

Certificate of Status	0	
Certified Copy	0	
Page Count 0-		
Estimated Charge	\$25.00	

ARTICLES OF AMENDMENT

ARTICLES OF	ORGANIZATIO OF	N	SECRETARY FALLAHASSE	
Credit Smart Warrior LLC			ASSI ASSI	
(<u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on e ed Liability Company)	our records.)		ודון
The Articles of Organization for this Limited Liability Compa Florida document number L21000374502	ny were filed on 08/20)/21	1 2m36 STATE LOMBDA	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
Biz Smart Warrior LLC				
The new name must be distinguishable and contain the words "Limited Li	ability Company," the design:	ation "LLC" or the abbre-	viation "L.L.C."	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
	<u> </u>			
Enter new mailing address, if applicable:				···
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our record	ds, <u>enter the name o</u>	f the new reg	<u>tistered</u>
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida st	reet address		
		Florida		
-	City		Zip Code	
New Registered Agent's Signature, if changing Registered Agei	nt:			

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			Remove
			☐ Change
			□Add
			□Remove
			Change
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Effective date, if other than the date If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart	loes not meet the applicab	date of filing or more than 90 le statutory filing requiren	(optional) days after filing.) Pursuan nents, this date will not	n to 605.0207 (3 Hb) be listed as the
ne record specifies a delayed effective date ord is filed. Dated October 6 Riley Park	e, but not an effective time	e, at 12:01 a.m. on the earl	ier of: (b) The 90th §	AV after the
Dated October 6	2021		; ; ;	FILED OT -6 PM ETARY OF
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