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(Address)
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(Document Number)
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A. DUTLER

MAR 2 7 2023

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Tradelines and Credit Pepair LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for fiting. Please return all correspondence concerning this matter to the following:
Damara Homess Name of Person
Tradelines and Credit repair Firm/Company
4019 NW 37th Terrace
Support & tradeline sandcredit repair. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person
Enclosed is a check for the following amount: Second Filing Fee Second Filing Fee & Certificate of Status Second Filing Fee & Certificate of Status Certificate of Status & Certificate Copy (additional copy is enclosed) Cer
Mailing Address: Registration Section Registration Section Division of Corporations

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

Tradelines and Credit Repair LC PM 5:01:
(Name of the Limited Liability Company as it now appears in our records.) (A Florida Limited Liability Company)
rticles of Organization for this Limited Liability Company were filed on $\frac{9/27/2021}{27/2021}$ and assigned
a document number <u>L 210004 Z 3205</u> .
mendment is submitted to amend the following:
amending name, enter the new name of the limited liability company here:
Damira LLC
whame must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC,"
new principal offices address, if applicable:
ipal office address MUST BE A STREET ADDRESS)
new mailing address, if applicable:
ing address MAY BE A POST OFFICE BOX)
amending the registered agent and/or registered office address on our records, <u>enter the name of the new register</u> and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
, Florida
Cuy Zip Code

Registered Agent's Signature, if changing Registered Agent:

why accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the stons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and pt the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability cany 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
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			□Add
			□Remove
			□ Change

i. 11 amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
	
Note: If t	date, if other than the date of filing:
the record sp cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	February 27 2023
	Signature of a member or authorized representative of a member
	Damara Holness Typed or printed name of signee

Filing Fee: \$25.00