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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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T. MATTHEWS DEC 15 2021

COVER LETTER

Division of Corporations
SUBJECT: TLE Credit Resolutions LC 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:
Cassandra Mentor Name of Person
ILE Credit Reviotions LLC
4429 Hollywood Park
Hollywood FC 33081-4486 City/State and Zip Code
Cassle da cyled + Sayer a gmal. Com E-mail address: (to be used for litture annual report notification)
For further information concerning this matter, please call:
Cassandra Mentor al (305) 349 3607 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & \Bigcup \$55.00 Filing Fee & \Bigcup \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION .

OF

21 GEC - 5 PH 3: 38

21 GEC - 5 PH 3: 38

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{11}{10}$ $\frac{2021}{2021}$ and assigned
· ·	244.
A. If amending name, enter the new name of the limited liab	olity company here:
The new name must be distinguishable and contain the words "Limited Linbi Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	320 NESSHASTRET Micumi FL 33 L3 7
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4429 Hollywood Blud Hollywood FL 33081/
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	33081 - 4 address on our records, <u>enter the name of the new registe</u>
Name of New Registered Agent: COSSO	andra Mentor
New Registered Office Address: 320	VE SSHISHOOT

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.

Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

MGR = Manager Address 21 DEC -6 PH 3: 38 AMBR = Authorized Member <u>Title</u> <u>Name</u> Type of Action Cassandra Mentor 320 NESSTH Street Miami Pl 3313-_ □Remove _____ □Change 9250 Little River Blued Milami FL331 MGR Maurice Jackson _____

Remove _____ □Change ____ □Add □Remove _____ Change □Remove ____ □Change Remove _____Change ____ 🗆 Add Remove

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effective date is e: If the date	other than the listed, the date mus inserted in this blo ive date on the Do	t be specific an ock does not	d cannot be prior	cable statutory	g or more than filing requi	(option 90 days after firements, this o	ling.) Pursuant to 6	05.0207 isted as
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cord specifies a s filed.	a delayed effective	date, but no	ot an effective t	ime, at 12;01	a.m. on the o	earlier of: (b)	The 90th day al	îter the
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Ou.	saeto. Passano	Signature of a	member or auth	orized represen	tative of a me	mber		