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A. BUTLER
JUN - 1 2022

COVER LETTER

TO: Registration So Division of Cor			
CREED PO	ortal SOFL LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Davin Amory		
		Name of Person	
	CRE Debt Mogul, Inc.		
		Firm/Company	
	99 Hudson Street, 5th Floo	or	
		Address	
	New York, NY 10013		
		City/State and Zip Code	
	Davin@creed-portal.com		
For further information of	r-mail address: (concerning this matter, please c	to be used for future annual report in all:	otin ca tio n)
Davin Amory		808 445-2917	
Name c	of Person	Area Code Dayt	ime 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 Addre</u> Registration		Street Address: Registration S	Section
Division of C		Division of C	orporations
P.O. Box 632		The Centre of	'Tallahassee roe Street, Suite 810
Tallahassee,	rt, 52514	2410 N. MON	for street, suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CREED Portal SOFL LLC

2022 HAY 31 AM 7: 46

(Name of the Limited	Liability Compa Florida Limited I	ny as it now appears on our re- liability Company)	TALLAHASSEE, FL
		April 12, 202	JALLAHASSEE, FL
The Articles of Organization for this Limited Lia	bility Company	were filed on April 12, 202	and assigned
Florida document number L22000152208	·		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liab	ility company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1815 Purdy Avenue	
(Principal office address MUST BE A STREET		Miami Beach, FL 33139	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
B. If amending the registered agent and/or regagent and/or the new registered office address Name of New Registered Agent:		nddress on our records, <u>en</u>	ter the name of the new register
New Registered Office Address:	1815 Purdy Avenue		
	Enter Florida street address		
	Miami Beach		Florida 33139
		City	Zip Code
New Registered Agent's Signature, if changing Ro	gistered Agent:		
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as regist being filed to merely reflect a change in the recompany has been notified in writing of this company has been notified in writing of this co	r and complete ered agent as p gistered office	performance of my duties provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is
	If Char	iging Registered Agent, <u>Signati</u>	ure of New Registered Agent

. 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>	Address	Type of Action
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			□ Remove
			□Change
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			Remove
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ffective date, if other than the date an effective date is listed, the date must be ote: If the date inserted in this block ocument's effective date on the Department.	e specific and cannot be price does not meet the appli	cable statutory filing	(optional) ore than 90 days after filing.) I g requirements, this date w	Pursuant to 605.0207 ill not be listed as
record specifies a delayed effective d is filed.	ate, but not an effective	time, at 12:01 a.m. c	on the earlier of: (b) The	90th day after the
ated May 10	2022	·		
	DA			
	- <i>U</i>	•		
Si	gnature of a member or auti	norized representative	of a member	 _

Filing Fee: \$25.00