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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.

- 11	Address:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAX CREDIT SOLUTIONS LLC

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Max Credit Solutions LLC				
(<u>Name of the Limited Lie</u> (A Fl	ability Company as it now appears on our records. orida Limited Liability Company))		
The Articles of Organization for this Limited Liabili			d assig	med
Florida document number L22000193280				
	 -			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company here:			
The new name must be distinguishable and contain the words	"Limited Liability Company," the designation "LLC"	or the abbreviation	on "L.L	.C.''
			~ `	
Enter new principal offices address, if applicable	:	1.7	-2027	
(Principal office address MUST BE A STREET A	DDRESS)		3	
			~	 ===
			õ	
Enter new mailing address, if applicable:		•	P	. <u>Y</u> .
•		,	:2	
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	:	ည	
				-
B. If amending the registered agent and/or regis agent and/or the new registered office address he	tered office address on our records, <u>enter t</u> ere:	he name of th	e new	registered
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Flo	rida	Code	
	V.09	- 7		

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.

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
<u>AP</u>	John Hipp	7901 4TH ST N STE 300	X (Add
		ST. PETERSBURG, FL 33702	□Remove
			Change
			DAdd
			□Remove
			DChange
			🗆 Add
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