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| (Re                     | questor's Name)   |             |
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| PICK-UP                 | MAIT              | MAIL        |
| (Bu                     | siness Entity Nar | me)         |
| (Do                     | cument Number)    |             |
| Certified Copies        | _ Certificates    | s of Status |
| Special Instructions to | Filing Officer:   |             |
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SECRETALY OF STATE

SWARE SOURCE

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A. BUTLER
JUL 20 2022

# **COVER LETTER**

| Division of Cor             | porations                                 |   |  |
|-----------------------------|---|---|--|
| SUBJECT:                    | EREDUL<br>Name of Lim                     | us Syst   | TEMS   |
| The enclosed Articles of    | Amendment and fee(s) are sub              | omitted for filing.   |  |
| Please return all correspo  | ondence concerning this matter            | to the following:   |  |
|                             | STEP                                      | Name of Person  |  |
|                             | CREDUL                                    | Firm/Company  | EMS  |
|                             | 1291 W                                    | MAGNOLIA<br>Address   | 1 CIR  |
|                             | DELRAY Doylon • E-mail address: (         | BEACH FL City/State and Zip Code Stephen 6 to be used for fature annual report noti | 33445<br>Danail. con   |
| For further information c   | oncerning this matter, please c           | all:  |  |
| STEPHE<br>Name o            | FPerson                                   |   | e Telephone Number   |
| Enclosed is a check for the | ne following amount:                      |   |  |
| □ \$25,00 Filing Fec        | S30.00 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) |
|                             |   |   |  |

TO:

Registration Section

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 AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

| CREDULUS  | S/STEM 2002 JUL 19 PM 2:00  |
|---|---|
| ( <u>Name of the Limited Liab</u><br>(A Flor  | illity Company as it now appears on our records.) ida Limited Liability Company) SCRETARY OF OFFICE |
|   | THE MEAN ATE  |
| The Articles of Organization for this Limited Liability   | Company were filed on 1011 7 2022 and assigned  |
| Florida document number <u>L22000</u>   | 2260446   |
| This amendment is submitted to amend the following:   |   |
| A. If amending name, enter the new name of the li   | mited liability company here:   |
| The new name must be distinguishable and contain the words "L   | imited Liability Company," the designation "L.L.C" or the abbreviation "L.L.C."                     |
| Enter new principal offices address, if applicable:   |   |
| (Principal office address MUST BE A STREET ADL  | DRESS)  |
|   |   |
| Enter new mailing address, if applicable:   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  |   |
|   |   |
|   |   |
| B. If amending the registered agent and/or register agent and/or the new registered office address here | red office address on our records, <u>enter the name of the new registered</u>                      |
| agent and/of the new registered office address nere   | •   |
| Name of New Registered Agent:   |   |
|   |   |
| New Registered Office Address:  | Enter Florida street address  |
|   | , Florida   |
|   | City Zip Code   |

## 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> | Name         | Address              | Type of Action |
|--------------|--------------|----------------------|----------------|
| MBR          | JAMES S.BOYL | AN                   | □Add           |
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| reffective<br><u>te:</u> If the | date is listed, the date inserted in | an the date of f<br>date must be specific<br>this block does r<br>in the Department | and cannot be of meet the a | pplicable statu |                   |                 | ng.) Pursuant to 60 |        |
| cord spec<br>s filed.           | cifies a delayed (                   | effective date, but   | not an effect               | ive time, at 12 | :01 a.m. on the   | earlier of: (b) | The 90th day afte   | er the |
| ed                              | July                                 | 2077-   | 1.20                        | 22.             |                   |                 |                     |        |
| _                               |                                      | Şignatüre i   | ol.a member or              | authorized repr | esentative of a m | ember           |                     |        |
|                                 |                                      |   |                             |                 |                   |                 |                     |        |