## 122 000 417 047

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300429631473

05/10/4==01000==002 ••25,00

2024 HAY -9 PH 4: 11
SECRETARY OF STATE
TALLAHASSEE, FI

FILED

COM MAY -9 PH ST



## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: FICO SMART CREDIT LLC  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:  Yory Sanchez  Name of Person
Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
Yuru Sanchez
Yuru Sanchez
Name of Person
FICO SMORT CREDIT LLC
Firm/Company
1417 2251 Consolute Drive Sale 100
Address
Orlando/F/ 32837
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (+1) 8134920395  Area Code Daytime Telephone Number
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee,  Certificate of Status Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
Mailing Address: Street Address:
Registration Section Registration Section
Division of Corporations  P.O. Box 6327  Division of Corporations  The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

			) (			
(Name of the Limited L (A F	iability Compan Iorida Limited Li	y as it now appe ability Company	ears on our : ')	records.)		
The Articles of Organization for this Limited Liabil		were filed on _	०९   २	3/22	and assi	igned
Florida document number <u>L 22 000 417 04</u>	<del>1</del>					
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liabil	lity company	here:			
SMART F	FINANCIA	1 5010	CHOIT	Lic		
The new name must be distinguishable and contain the words	"Limited Liabili	ty Company," the	e designation	"LLC" or the abbi	cviation "L.	L.C."
Enter new principal offices address, if applicable	e:	1417 N	Spmo	ran Bluc	d Suite	107
(Principal office address MUST BE A STREET A	(DDRESS)	Orlanda	<u> </u>	<u>34807</u>		<del></del>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO.)  B. If amending the registered agent and/or registered.	_	SAM		SECRETARY OF STALLAHASSEE.	<del></del>	FLED
B. If amending the registered agent and/or regis	stered office a ere:	aaress on our	r records, <sub>i</sub>	enter the manue	·	v registeri
Name of New Registered Agent:	Yory	Sanchor				
New Registered Office Address:	1417 76	Moran I				
			lorida street	address		
-	crland	<u> </u>		, Florida	32,20	ערע <u>-</u>
Nam Danistand Laurel Ci		City			Zip Code	
New Registered Agent's Signature, if changing Regi	istered 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 Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□ Remove
			🗆 Change
<del></del>			
d:			Remove
			□Change
			□ Remove
			Change
		<del></del>	🗆 🖊 🗆 🖊 dd
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			□ Remove

11 4111	ending any other information, enter change(s) here: (Auach additional sheets, if necessary.)
(If an e	tive date, if other than the date of filing:
rote.	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
he reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the filed.
Dated	Mayo 09 . 2024.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee /

Filing Fee: \$25.00