[2200042757]

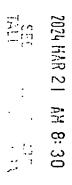
(Red	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Se Division of Cor			
	Debt Relief, LLC		
SUBJECT:	Name of Lin	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:	
	Stephen Bernhardt		
		Name of Person	
	Credit and Debt Relief, LI	.C	
		Firm/Company	
	2706 Alı. US-19 N. Ste. 2	13	
		Address	
	Palm Harbor, FL 34683		
		City/State and Zip Code	·
	Stephen@CreditandDebtRe		
		to be used for future annual report noti	fication)
	concerning this matter, please o	all:	
Stephen Bernhardt		727 999-3132 at ()	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for the	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)
Mailing Address Registration	Section	<u>Street Address:</u> Registration Se	
Division of C	•	Division of Cor	
P.O. Box 632 Tallahassee,		The Centre of T 2415 N. Monro	e Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Credit and Debt Relief, LLC		
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on ou imited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Con	mpany were filed on 10/04/202	2 and assigned
Florida document number L22000427571		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
Credit and Debt Relief, PLLC		_
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	on "LLC" or the abbreviation L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	<u> </u>	2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		# 69 33
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records	enter the name of the new registered
New Registered Office Address:		
	Enter Florida stret	t address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Registere	Agent:	
I haraby account the approintment as registered agent as	ed garge to get in this canaci	ty I further earns to comply with the

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
			□Add
			□Remove
			□Add
			□Remove
			□Change
	***************************************		□Add
			□Remove
			☐ Change
			□Add
			□ Remove
			☐Change
			□Add
			□Remove
			Remove
			□Change

name of this company by char	nging "LLC" to "PLLC" and utilizing this company as a law firm.
We are both licensed to practi	ice law in Florida and our bar license numbers are below:
Stephen Bernhardt: 86726	
Athena Riley: 110423	
The Amended Purpose of this	s Professional Liability Company:
The practice of law, and any o	other lawful activity for which professional limited liability companies may be
organized within the state of I	Florida.
-	
1///	
fective date, if other than the n effective date is listed, the date must te: If the date inserted in this blocument's effective date on the De	t be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 ock does not meet the applicable statutory filing requirements, this date will not be listed
ecord specifies a delayed effective is filed.	e date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t
ted March 14	, 2024
Ste	R
	Signature of a member or authorized representative of a member

Filing Fee: \$25.00