## L22000445322

(Requestor's Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			₩
	IT SCORES LLC	• 1	·
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	HILARIO HUIZAR		
		Name of Person	
	700 CREDIT SCORES LE	.C	
		Firm/Company	
	419 SE 2ND ST APT 101;	5	
		Address	
	FORT LAUDERDALE, F		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	info@700creditscores.com	to be used for future annual report no	
For further information c	n-mail address: ( concerning this matter, please c		uncation)
HILARIO HUIZAR		818 201-6193	
Name (	of Person	at () Area Code Dayti	me Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25,00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional cony is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
M. 20		<i>.</i>	
Mailing Addre Registration		Street Address: Registration Section	
Division of C	`orporations	Division of Co	orporations
P.O. Box 631	17	The Centre of	Tallahassec

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4

700 CREDIT SCORES LLC		
(Name of the Limited Liability C (A Florida Lia	ompany as it now appears on our remitted Liability Company)	cords.)
The Articles of Organization for this Limited Liability Com Florida document number 1.22000445322		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	I liability company here:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the designation "	LEC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	2
		23
·: .	•	
Enter new mailing address, if applicable:		22
(Mailing address MAY BE A POST OFFICE BOX)		
The state of the s		u U
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our records, <u>er</u>	ter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	kiress
		. 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 affice 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>	<u>Address</u>	Type of Action
MGR	JUAN CRUZ	215 N NEW RIVER DR E # 3040	□Add
		FORT LAUDERDALE, FL 33301	Remove
			□Change
			□Add
			□Remove
			□Change
			□Remove
			Change
			🗀 Add
			□Remove
			□Change
			□Add
			∏Remove
			[]Change
			□ Add
			□Remove
			□Change

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Note:	ive date, if other than the date of filing:
he reco ord is f	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 iled.
	September 10 2023
	September 10 2023  Signature of a member or authorized representative of a member

Filing Fee: \$25.00