

L23 000000 4266

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

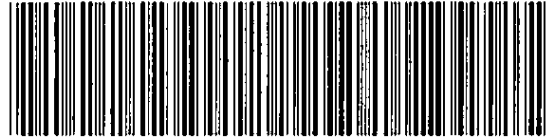
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2023 OCT 26 PM 3:27
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Credit Group Consulting, 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:

Craig O. Rice
Name of Person

Credit Group Consulting, LLC
Firm/Company

11 Tall Mangroves Ct.
Address

Hermosilla, FL 34446
City/State and Zip Code

Craig@outsourceinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Craig Rice at 3R 450-2430 or 815-839-6666
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

Already Paid - OK

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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

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2023 OCT 26 PM 3:27
CLERK OF STATE
TALLAHASSEE, FL

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Creditival Consulting, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

STATE OF FLORIDA
TALLAHASSEE, FL

2023 OCT 26 PM 3:27

FILED

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned

Florida document number L2300000-1266

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Patriots Out Sourcing, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

11 Tall Marshalls Ct
Hawassa, FL 32646

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Same as above

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Craig O. Rice

New Registered Office Address:

11 Tall Marshalls Ct - Hawassa, FL 32646
Enter Florida street address
Hawassa, Florida 32646
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.

[Signature]
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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
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TALLAHASSEE, FL
CLERK OF STATE

SECURITY STATE
TALLAHASSEE, FL

2023 OCT 26 AM 3:21

2023 OCT 26 PM 3:27
CELL: HAVILTS LAIR
TALLAHASSEE, FL

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11-16-23

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated

11-16-23, 2023

Signature of a member or authorized representative of a member

CA 11

Rice
Typed or printed

Typed or printed name of signee

Filing Fee: \$25.00