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COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT:	-Cred-Ser	UCE CH MORE (ited Liability Company	
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	KUL Cred	S LODE Name of Person + Securce 1 Mo Firm/Company	YP LIC
	537 Smith		
	POIKCHY F	City/State and Zip Code	-0.4
	E-mail address: (to be used for future and ual report notif	fication)
For further information c	oncerning this matter, please co	all:	
KEITERA Name o	LOVE f Person	at (<u>863</u>) <u>888' Co</u> Area Code Daytim	OS 9 e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	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)
Mailing Addres		Straat Address	

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300258859</u> .	were filed on $\frac{5/26/2025}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	
The new name must be distinguishable and contain the words "Limited Liabil Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1137 Box tow Rd Suite 202 Lakeland F133801
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	1137 Bartow El Sute 202 Lakland, F/ 33801
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address (1)
	City Florida T. Zip Code

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.

New Registered Agent's Signature, if changing 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>	Type of Action
MUR	Demetrius Uman	POBOT 93526	Add
		Pobox 93526 Lakeland F/ B3805	□Remove
			□ Change
		 	□Remove
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			🗆 Add
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			□Remove
			□Change

D. If amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
E. Effectiv (If an effective Notae If	e date, if other than the date of filing:
	it's effective date on the Department of State's records.
f the record record is file	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 I.
Dated _	Jovenber 6 2024
	K — Signature of a member or authorized representative of a member
	KEITERA LOUE Typed or printed name of signee

Filing Fee: \$25.00