

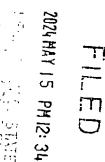
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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05/45/24--01017--003 **60.00



COVER LETTER

Tallahassee, FL 32314

| | Registration Se Division of Cor | | | |
|----------------|------------------------------------|--|---|---|
| cup ice | COTO | k Credit LLC | | |
| SUBJEC | -1; <u> </u> | Name of Limi | ited Liability Company | |
| The encl | osed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please re | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Jose Garcia | | |
| | | | Name of Person | |
| | | Jose Garcia | | |
| | | | Firm/Company | |
| | | 7901 4th Street North, STE | E 300 | |
| | | | Address | |
| | | St. Petersburg, FL 33702 | | |
| | | | City/State and Zip Code | |
| | | bouncebackcredit2023@gm | ail.com to be used for future annual report notif | Section) |
| For furth | ner information o | concerning this matter, please of | | |
| Jose Gar | rcia | | 786 5632842 | |
| | Name o | of Person | at () Area Code Daytime | e Telephone Number |
| Enclosed | d is a check for t | 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 Addre | | Street Address: | |
| | Registration Division of C | | Registration Sec Division of Cor | |
| | P.O. Box 632 | | The Centre of T | |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Bounceback Credit LLC | | |
|--|--|--|
| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | ompany were filed on 07/18/2023 | and assigned |
| lorida document number L23000339927 | | |
| his amendment is submitted to amend the following: | | |
| . If amending name, enter the new name of the limit | ted liability company here: | |
| Bounceback Enterpises LLC | | |
| he new name must be distinguishable and contain the words "Limit | ted Liability Company," the designation "LLC" or the a | bbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE <u>A STREET ADDR</u> | ESS) | |
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| | . ' | ي S D |
| Enter new mailing address, if applicable: | | ≒ ⇔ − − |
| Mailing address MAY BE A POST OFFICE BOX) | | <u>· </u> |
| | | |
| If amending the registered agent and/or registered gent and/or the new registered office address here: | l office address on our records, <u>enter the nan</u> | ne of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | - |
| | Enter Florida street address | |
| | , 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 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 added or removed from our records:

| MGR = | Manager | |
|--------|------------|--------|
| AMBR = | Authorized | Member |

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-------------|---------------------------------------|----------------|
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| If amending any o | other information, enter change(s) here: (Attach additional sheets, if i | necessary.) |
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| If an effective date is list Note: If the date in: | other than the date of filing: 05/01/2024 (0 isted, the date must be specific and cannot be prior to date of filing or more than 90 days asserted in this block does not meet the applicable statutory filing requirements we date on the Department of State's records. | optional) after filing.) Pursuant to 605.0207 (, this date will not be listed as t |
| e record specifies a ord is filed. | delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o | f: (b) The 90th day after the |
| Dated May 1st | , 2024 | |
| | | |
| | Signature of a member of authorized representative of a member | |
| | Jose Garcia | |
| | Typed or printed name of signee | |