L23000391492

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COVER LETTER

TO: Registration Division of C			
	CREDIT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	FRANCISCO H. ORDUZ		
		Name of Person	
	ORDUZ CREDIT LLC		
	 	Firm/Company	
	1025 E HALLANDALE E	BEACH BLVD, SUITE 15	
		Address	
	HALLANDALE BEACH	, FL, 33009	
		City/State and Zip Code	
	pachorduz@protomnail.com		<u></u>
	E-mail address:	to be used for future annual report no	tification)
For further information	concerning this matter, please of	all:	
FRANCISCO II. ORD	UZ	754 2716063	<u> </u>
Name	of Person	Area Code Daytir	ne Telephone Number
Enclosed is a check for	the 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)
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	ection
•	Corporations	Division of Co	
P.O. Box 63	-	The Centre of	Tallahassee
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

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

ORDUZ CREDIT LLC		
(<u>Name of the Limited Liability (</u> (A Florida Li	Company as it now appears on our remited Liability Company)	eords.)
The Articles of Organization for this Limited Liability Con	npany were filed on 08/21/2023	and assigned
Florida document number L23000391492		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	d liability company here:	
ORDUZ SERVICES LLC		
The new name must be distinguishable and contain the words "Limited	d 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 ADDRES		
Timelian office address most be histinger months	557	
		1
		
Enter new mailing address, if applicable:		·
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		•
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, <u>er</u>	iter the name of the new regis
agent and/or the new registered office address here.		
N. CN. D. C. NA		
Name of New Registered Agent:	. <u>.</u>	
New Registered Office Address:	<u></u>	
	Enter Florida street ad	Idress
		. 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
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□ Add
		<u></u>	□Remove
			: □Change
		-	□Remove
			□ Change
			□ Add
			□Remove
			Change
		 	□ Add
			□Remove
			□Change

-OPENING OF CORPORATIONS OR LLCs - PUBLICATIONS OF BOOKS -	 -
-ALL THOSE PERMITTED BY LAW	
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