# L24000143255

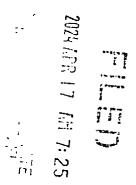
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## **COVER LETTER**

Division of Corp	orations			
	CREDIB	LE CORE LL	_C	
SUBJECT:		ted Liability Company		
The enclosed Articles of A	amendment and fee(s) are sub-	nitted for filing.		
Please return all correspon	dence concerning this matter t	to the following:		
·				
	SHV	ETA KUMA	2	
		Name of Person		
	CREDIBL	E CORE LIC		
		Firm/Company		
	591 LIVE	OAK LN		
	<del></del>	Address		
	WESTOR	N, FL-333	527	
	l ( C )	City/State and Zip Code		
	think a	doud @ gmal Co be used for future annual report notific	DM (alion)	
For further information co	ncerning this matter, please ca	·		
SHVETA	KUMAR	.954.593-	0291	
Name of	· · · · · · · · · · · · · · · · · · ·	at (954) 593– Area Code Daytime	Telephone Number	
to the live had took	C. H			
Enclosed is a check for the		-		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:		
Registration Section		<u> </u>	Registration Section Division of Corporations	
Division of Corporations		The Course of Tallahaman		

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CREDIBLE CORE LLC

Pall ED

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

The Articles of Organization for this Limited Liability Company were filed on Florida document number L24000143255 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address City 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 fitle, name, and address of each person being add or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
ANBR	SHUETA KUMAR	591 LIVE OAK LN	XAdd
		WESTON FL 33327	_ □Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change
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			□Change
			□Add
			□Remove
			[]Change
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			□Remove
			Change

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	EIN
	99-2230233
(If an e <u>Note</u>	tive date, if other than the date of filing: OHOD 2024 (optional)  ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(1)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	ord 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 filed.
Date	
	Signature of a member or authorized representative of a member
	SHVETA KUMAR
	Typed or printed name of signee

Filing Fee: \$25.00



Department of State / Division of Corporations / Search Records / Search by Entity Name /

# **Detail by Entity Name**

Florida Limited Liability Company

CREDIBLE CORE LLC

Filing Information

**Document Number** 

L24000143255

FEI/EIN Number

NONE

**Date Filed** 

03/25/2024

**Effective Date** 

04/01/2024

State

FL

Status

**ACTIVE** 

Principal Address

591 LIVE OAK LANE WESTON, FL 33327

Mailing Address

591 LIVE OAK LANE WESTON, FL 33327

### Registered Agent Name & Address

KUMAR, SHVETA 591 LIVE OAK LANE

WESTON, FL 33327

Authorized Person(s) Detail
NONE

**Annual Reports** 

No Annual Reports Filed

Document Images

03/25/2024 -- Florida Limited Liability

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