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## **COVER LETTER**

Division of Corporations		
name of corporation: <u>Credit Score</u> Builder, In Co document number: <u>P0200003751</u>		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Name of Contact Person  CRE. d. T SCORE BUILDE, INC  Firm/ Company  950 NW 141 AVE, #102  Address  Pembroke Pinsel 33028  City/ State and Zip Code  1WChom celer & amount com  E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
TW Chancelor at (954) 579-0760  Name of Contact Person at (954) 579-0760  Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
S35 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed)		

## Mailing Address

TO: Amendment Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## Articles of Amendment

to

## Articles of Incorporation

FILED

2 1 0	f <sub>er</sub>
Credit Score Bu	thy filed with the Florida Dept. of State) AM 7: 08
(Name of Corporation as/current	
P020000037:	SECRETARY OF STATE of Corporation (if known) TALLAHASSEE. FL
(Document Number of	of Corporation (if known) IALLAHASSEE.FL
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
name must be distinguishable and contain the word "corporation	on," "company," or "incorporated" or the abbreviation
"Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	= Same
(Frincipal Office address most be A STREET ADDRESS)	
C. Enter new mailing address, if applicable:	
(Mailing address <u>MAY BE A POST OFFICE BOX</u> )	>ame
D. If amending the registered agent and/or registered office address new registered agent and/or the new registered office address	
Name of New Registered Agent J.W. Chay	ncflor
950 ns/ 14	HAVE, 7102
New Registered Office Address: Pombroko	Pines Florida 7/33028
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
Paul Chroman	Att -
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u> <u>Jo</u>	ohn Doe	
X Remove	<u>V</u> <u>M</u>	fike Jones	
X Add	<u>SV</u> <u>Sa</u>	ally Smith	
Type of Action (Check One)	Title	<u>Name</u>	<u>Addres</u> s
l) Change	VP_	Linda L. Wulden	950 nw 141. Ave
Add			#1/02
Kemove			Pembroke Piner, 7
2) Change			33028
Add			
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			<del></del>
Remove			

If amending or adding additional Arti Attach additional sheets, if necessary).	
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· · ·	
If an amondment annuides for an anal	nange, reclassification, or cancellation of issued shares,
provisions for implementing the ame	endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	The state of the s
11	

The date of each amendment(s) adoption:	, if other than
date this document was signed.	
Effective date if applicable:  (no more than 90) days after amendment file date)	
ino sun e than 19 days after amenant myste date,	
<b>Note:</b> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no document's effective date on the Department of State's records.	ot be listed as
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes east for the amendment(s) by the shareholders was/were sufficient for approval.	
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by //1/ Ch cm to ff ff	
(Soting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder	
action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
a y lay lance	
Dated 7/24/20/8	
Signature A A A A A A A A A A A A A A A A A A A	
(B) a director, president of other officer—if directors or officers have not been	
solected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Typed or printed name of person signing)	
President	
(Title of person signing)	

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the