P1400055473

| (Re | equestor's Name) | |
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| (Ad | ldress) | |
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| (Ad | idress) | |
| | | |
| (Cir | ty/State/Zip/Phone | ∍ #) |
| PICK-UP | ☐ WAIT | MAIL. |
| (Bu | usiness Entity Nar | ne) |
| | | |
| (Do | ocument Number) | |
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| Certified Copies | _ Certificates | of Status |
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| Special Instructions to | Filing Officer: | , |
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Office Use Only



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SECRETARY OF STATE ALLAHASSEE, FLORID



APPROVED

COVER LETTER

TO: Amendment Section

| Division of Corpo | orations | | | | |
|--------------------------|---|--|---|--|--|
| NAME OF CORPOR | ATION: Credit Suit | e Inc. | | | |
| | _{ER:} P1400005547 | | | | |
| | | | | | |
| The enclosed Articles | of Amendment and fee are su | bmitted for filing. | | | |
| Please return all corres | pondence concerning this ma | tter to the following: | | | |
| | Ty Crandall | | | | |
| | Name of Contact Person | | | | |
| _ | Credit Suite Inc. | | | | |
| | | Firm/ Company | | | |
| | 3152 Little Road, #147 | | | | |
| | Address | | | | |
| - | Trinity, FL 34655 | | | | |
| | | City/ State and Zip Cod | e | | |
| ontl | neflbeach@gmai | | | | |
| | E-mail address: (to be us | ed for future annual report | notification) | | |
| For further information | concerning this matter, pleas | e call: | | | |
| Ty Crandall | | at (727 | 534-1150 | | |
| Name o | f Contact Person | Area Co | de & Daytime Telephone Number | | |
| Enclosed is a check for | the following amount made | payable to the Florida Depa | artment of State: | | |
| ■ \$35 Filing Fee | ☐\$43.75 Filing Fee & Certificate of Status | □\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) | □\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed) | | |
| Ame Divis P.O. | ing Address Indiment Section Ission of Corporations Box 6327 hassee, FL 32314 | Ameno Divisio Clifton 2661 E | Address Iment Section on of Corporations Building executive Center Circle assee, FL 32301 | | |

Articles of Amendment to Articles of Incorporation of

| Credit Suite Inc. | |
|---|---|
| (Name of Corporation as currently filed with the Florida Dept | ot, of State) |
| P14000055473 | |
| (Document Number of Corporation (if known) | |
| Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Pro</i> lits Articles of Incorporation: | ofit Corporation adopts the following amendment(s) to |
| A. If amending name, enter the new name of the corporation: | |
| | The new |
| name must be distinguishable and contain the word "corporation," "compo "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A pro word "chartered," "professional association," or the abbreviation "P.A." | |
| B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) | |
| C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | |
| D. If amending the registered agent and/or registered office address in Flori | ida, enter the name of the |
| new registered agent and/or the new registered office address: | IL 2 IAS |
| Name of New Registered Agent | |
| (Florida street address) | PH 3: |
| New Provinces of Office Address | |
| New Registerea Office Address: (City) | (Zip Code) |
| New Registered Office Address: (City) New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent. I am familiar with and acc | |

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> | John Doe | |
|----------------------------|--------------|----------------|-------------------------|
| X Remove | Y | Mike Jones | |
| X Add | <u>sv</u> | Sally Smith | |
| Type of Action (Check One) | <u>Title</u> | <u>Name</u> | Address |
| 1) Change | VP | Dexter Leonard | 4751 Patagonia Place |
| Add | | | Land O' Lakes, FL 34638 |
| Remove | | | |
| 2) Change | | | |
| Add | | | |
| Remove | | | |
| 3) Change | | | |
| Add | | | |
| Remove | | | |
| 4) Change | | | |
| Add | | | |
| Remove | | | |
| 5) Change | | | |
| Add | | | |
| Remove | | | |
| 6) Change | | | |
| Add | | | |
| Remove | | | |

| | cles, enter change (Be specific) | | | |
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| an amendment provides for an excha rovisions for implementing the amen | ange, reclassifica | tion, or cancellat | ion of issued sl endment itself: | ıares, |
| an amendment provides for an excharge rovisions for implementing the amen (if not applicable, indicate N/A) | ange, reclassifica Idment if not con | tion, or cancellat tained in the amo | ion of issued sl endment itself: | ıares, |
| rovisions for implementing the amen | ange, reclassifica idment if not con | tion, or cancellat tained in the amo | ion of issued sl endment itself: | <u>1ares,</u> |
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| rovisions for implementing the amen | ange, reclassifica adment if not con | tion, or cancellat | ion of issued sl indment itself: | lares, |

| The date of each amendment(s) ad date this document was signed. | loption: | , if other than the |
|---|---|---------------------|
| _ | | |
| Effective date <u>if applicable</u> : | (no more than 90 days after amendment file date) | |
| | (no more than 90 days after amendment file date) | |
| Adoption of Amendment(s) | (CHECK ONE) | |
| The amendment(s) was/were ado by the shareholders was/were sui | pted by the shareholders. The number of votes cast for the amendment(s) fficient for approval. | |
| | roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s): | |
| "The number of votes cast i | for the amendment(s) was/were sufficient for approval | |
| _{by} Ty Crandall | | |
| | (voting group) | |
| The amendment(s) was/were ado action was not required. | pted by the board of directors without shareholder action and shareholder | |
| The amendment(s) was/were ado action was not required. | pted by the incorporators without shareholder action and shareholder | |
| Dated 07/18/20 | 014 | |
| Signature | | |
| | rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court | |
| | ed fiduciary by that fiduciary) | |
| | Ty Crandali | |
| - | (Typed or printed name of person signing) | |
| | President | |
| · | (Title of person signing) | |