P16000063845

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Amendicos

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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION: LOYA Credit Solutions, Inc. DOCUMENT NUMBER: P/6000063845					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Danien Brin Son Name of Contact Person					
Firm/ Company					
8815 Conray Windermere Rd #173					
Orlando, FL 32835 City/ State and Zip Code					
Joyal redit Solutions & amailo Com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Danien Brin Son at (720) 385-6/27 Name of Contact Person 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 Certified Copy (Additional copy is enclosed) Certified Copy (Additional Copy is enclosed) Certified Copy (Additional Copy is enclosed)					

Mailing Address

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 A	menoment
to	
Articles of Inc	corporation
Loyal Credit Soly	trons, Inc.
(Name of Corporation as current)	y filed with the Florida Dept. of State)
P1600006	3845
(Document Number of	f Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
<i>N/H</i>	The new
name must be distinguishable and contain the word "corporation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "word "chartered," "professional association," or the abbreviation "	'Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	1
(Principal office address MUST BE A STREET ADDRESS)	1.1
	<i>N/H</i>
C. Enter new mailing address, if applicable:	日 日 日 日 日 日
(Mailing address MAY BE A POST OFFICE BOX)	
	1/4
D. If amending the registered agent and/or registered office addi-	
new registered agent and/or the new registered office address	<u>u</u>
W (No Decision of Asset)	
Name of New Registered Agent	
Λ./	\checkmark
(Flar fa fir	e <mark>rt agar</mark> éss)
, , ,	, ,
New Registered Office Address:	(City) , Florida (Zip Code)
	(21p Cour)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

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	PT John	<u>Doe</u>	
X Remove	<u>V</u> <u>Mike</u>	Jones	
X Add	SV Saily	Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	CFO	Samuel Brinson	
Add Remove			
2) Change Add			
Remove			
3) Change Add			
Remove			
4) Change Add			
Remove			
5) Change			
Add			
6) Change			
Add			
Romovo			

E. If amending or adding additional Art (Attach additional sheets, if necessary).	icles, enter change(s) here: (Be specific)
(Mach diamonal social, if metalloy).	
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If an amendment provides for an excl	hange, reclassification, or cancellation of issued shares,
(if not applicable, indicate N/A)	endment if not contained in the amendment itself:
	•
	
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	/ / /
	- t

The date of each amendment(s) adop	tion:	, if other than the
date this document was signed.		<u></u> -
Effective date <u>if applicable</u> :		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Depar	k does not meet the applicable statutory filing requirements, this date withment of State's records.	ill not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were adopte by the shareholders was/were suffic	d by the shareholders. The number of votes cast for the amendment(s) cient for approval.	
	yed by the shareholders through voting groups. The following statement ch voting group entitled to vote separately on the amendment(s):	
"The number of votes east for	the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
☐ The amendment(s) was/were adopte action was not required.	d by the board of directors without shareholder action and shareholder	
The amendment(s) was/were adopte action was not required.	d by the incorporators without shareholder action and shareholder	
Dated \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	8/2018	
Signature	and Blinson	
	etor, president or other officer – if directors or officers have not been	
	y an incorporator – if in the hands of a receiver, trustee, or other court tiduciary by that fiduciary)	
	Damien Brin Son (Typed or printed name of person signing)	
	President	
	(Title of person signing)	