P19000061126

(Requestor's Name)			
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siness Entity Nan	ne)		
(Document Number)			
Certificates	of Status		
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORI	PORATION: ATLANTIS CREE	DIT APPROVAL INC			
	MBER: P19000061126				
The enclosed Artic	rles of Amendment and fee are su	bmitted for filing.			
Please return all co	orrespondence concerning this ma	itter to the following:			
	GREG CAMPBELL				
		Name of Contact Person)		
	ATLANTIS CREDIT APPR	OVAL INC			
	Firm/ Company				
	23185 NANCY AVE				
		Address			
	PORT CHARLOTTE FL 339	952			
		City/ State and Zip Code			
	GACAMPBELL2020@ICLO	DUD.COM			
		sed for future annual report	notification)		
For further information	ation concerning this matter, plea		317-1470 _) de & Daytime Telephone Number		
Nai	ne of Contact Person	Area Coo	de & Daytime Telephone Number		
Enclosed is a chec	k for the following amount made	payable to the Florida Depa	artment of State:		
S35 Filing Fee	E S43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)		
, I	Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314	Amend Divisio The Ce	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810		

Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently filed with the Florida Dept. of State)	
ATLANTIS CREDIT APPROVAL INC P19000061126	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	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," "company," or "incorporated" or the abbreviation "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A professional corporation name must contain "chartered," "professional association," or the abbreviation "P.A."	n "Corp.," the word
B. Enter new principal office address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	(3
	· :
C. Enter new mailing address, if applicable:	4 - 1
(Mailing address MAY BE A POST OFFICE BOX)	 . •
	-:!
	<u></u>
D. If amending the registered agent and/or registered office address in Florida, enter the name of the	
new registered agent and/or the new registered office address:	
Name of New Registered Agent	
(Florida street address)	
New Registered Office Address:, Florida	
(City) (Zip Co	ode)
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	
Charlett and Books	
Check if applicable ☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.	

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.

X Change	<u>PT</u>	John Do	<u>oe</u>	
X Remove	<u>V</u>	Mike Jo	ones .	
X Add	<u>sv</u>	Sally Sr	mith	
Type of Action (Check One)	Title		Name	<u>Addres</u> s
1) Change	VP		JAMMIE L CAMPBELL	23185 NANCY AVE
Add XXX Remove				PORT CHARLOTTE FL 33952
2) Change				
Add				
Remove Change		_		
Add				
Remove				
4) Change				
Add				
Remove				
5) Change		<u></u>		
Add				
Remove				MIRROR TURN
6) Change				····
Add				
Remove				

Attach additional sheets, if necessary).	. (Be specific)	
		-
f an amendment provides for an exc	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
(if not applicable, indicate N/A)	tendment it not contained in the amendment tisen.	
		

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The date of each amendment(s)	adoption:	, if other than the
date this document was signed.	CBT 20, 2020	
. Si Effective date <u>if applicable</u> :	EPT 20, 2020	
	(no more than 90 days after amendment file	e date)
Note: If the date inserted in this document's effective date on the	block does not meet the applicable statutory filing required Department of State's records.	rements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were a action was not required.	dopted by the incorporators, or board of directors without s	shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast for t sufficient for approval.	the amendment(s)
	pproved by the shareholders through voting groups. The for each voting group entitled to vote separately on the ame	
"The number of votes ca	st for the amendment(s) was/were sufficient for approval	
by	, "	
,	(voting group)	
Dated	20/20	
	director, president or other officer - if directors or officers	
	ted, by an incorporator – if in the hands of a receiver, trusto inted fiduciary by that fiduciary)	ee, or other court
αργο	• •	
	GREG A CAMPBELL	
	(Typed or printed name of person signing)	
	PRESIDENT	
	(Title of person signing)	