vision of Comprations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000331653 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

က

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 : (305)552-5973 Phone

: (305)675-5944 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

•

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN J&J CREDIT SERVICES, CORP

0	
05	
\$25.00	

Y SULKER

SEP 2 4 2020

Electronic Filing Menu

Corporate Filing Menu

Help

Articles of Amendment to Articles of Incorporation of

J&J CREDIT SERVICES, CORP		· · · · · · · · · · · · · · · · · · ·
(Name of Corporation as current	ly filed with the Florida Dept, of State)	
P20000072633		
•	of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	Florida Profit Corporation adopts the follo	wing amendment(s) to
A. If amending name, enter the new name of the corporation:		
OUT BET CREDIT COLUTIONS CORP		The new
name must be distinguishable and contain the word "corporation," "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". "chartered," "professional association," or the abbreviation "P.A.	and the second s	nation Corp., ontain the word
	17945 SW 97TH AVE APT 215	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	PALMETTO BAY, FL 33157	<u> </u>
		· · · · ·
		<u> </u>
C. Enter new mailing address; if applicable;	17945 SW 97TH AVE APT 215	
(Mailing address MAY BE A POST OFFICE BOX)	PALMETTO BAY, FL 33157	
D. If amending the registered agent and/or registered office as	Idress in Florida, enter the name of the	
new registered agent and/or the new registered office addr.		
Name of New Registered Agent		
(Florida	street address)	
,	, Florida	
New Registered Office Address:	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Age I hereby accept the appointment as registered agent. I am famili	ent: ar with and accept the obligations of the pos	sition.
Signature of Ne	w Registered Agent, if changing	
Check if applicable	11) (_) F C	

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (c), F.S.

LAZARUS CORPORATE

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> 174</u>	John Doc	:	
X Remove	<u>V</u>	Mike Jon	<u>ucs</u>	
X Add	<u>sv</u>	Sally Sm		
Type of Action (Check One)	Title		Name	Address
1)Change				
Add				
Remove				
2) Change	<u>·</u>			
Add				
Remove Change				
				
Add				
Remove				
4) Change				
Add				
Remove-				
5) Change			The state of the s	
Add				
Remove				
6)Change				
Add				
Remove				

sch additional sheets, if necess	al Articles, enter change (Be specific)			
<u></u>	· · · · · · · · · · · · · · · · · · ·	<u> </u>		
				······
•				
				
				
·				
<u> </u>				
				
	<u> </u>			
		•	lesion of issuad sh	aret.
f an amendment provides for provisions for implementing	an exchange, reclassif	cation, or cance	mendment itself:	
(if not applicable, indicate	N/A)			
Communication of the communica				<u></u>
				· · ·
				· · · · · · · · · · · · · · · · · · ·

The date of each amendment(s) adoption: if other than the
date this document was signed.
Effective date if applicable: (no more than 90 days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, it is date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
The amendment(s) was/were adopted by the shareholders. The number of votes cast 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(voting group)
Signature (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)
Tancssa N. Suarcz (Typed or printed name of person signing)
President (Title of person signing)