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I ALBRITTON

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: _ CREDIT UP CORP DOCUMENT NUMBER: P20000075981 The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Melissa Gonzalez Name of Contact Person 111 E MONUMENT AVE SUITE 310 Address KISSIMMEE FLORIDA 34744 City/ State and Zip Code info@creditupcorp.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Melissa Gonzalez Name of Contact Person Enclosed is a check for the following amount made payable to the Florida Department of State: **\$35** Filing Fee ☐S43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Articles of Amendment **Articles of Incorporation**

	of	* ² n,
CREDIT UP CORP		
(Name of Corporation as curr	ently filed with the Florid	ia Dept. of State)
P20000075981		(.5
(Document Numb	er of Corporation (if know	n)
Pursuant to the provisions of section 607.1006, Florida Statutes, t ts Articles of Incorporation:	this Florida Profit Corpord	ation adopts the following amendm
A. If amending name, enter the new name of the corporation	<u>ı:</u>	
		The nev
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 professional corpore	orated" or the abbreviation "Corp., ation name must contain the word
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)	111 E MONUMEN	TT AVE SUITE 310
	KISSIMMEE FLOR	RIDA 34744
	 	
D. If amending the registered agent and/or registered office a new registered agent and/or the new registered office add		the name of the
Name of New Registered Agent	·	- 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 -
(Florida	a street address)	
New Registered Office Address:	(City)	, Florida(Zip Code)

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

Signature of New Registered Agent, if changing

Check if applicable

■ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), 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)

Example:

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 Doe	
X Remove	<u>V</u>	Mike Jones	
X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	VP	MARY NOGUERA	1701 UPLAND DR APT 38
Add			HOUSTON TX 77043
X Remove			
2) Change			
Add			
Remove 3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

	(Be specific)	
		- .
		
If an amendment provides for an excl	nange, reclassification, or cancellation of is	sued shares.
prayisions for implementing the ame	ndment if not contained in the amendmen	t itself:
provisions for implementing the and		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		
(if not applicable, indicate N/A)		

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	adoption:	, if other than the
date this document was signed.	725/2020	
Effective date <u>if applicable</u> :	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this document's effective date on the l	block does not meet the applicable statutory filing repeartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(CHECK ONE)	
■ The amendment(s) was/were a action was not required.	lopted by the incorporators, or board of directors with	out shareholder action and shareholder
☐ The amendment(s) was/were a by the shareholders was/were	dopted by the shareholders. The number of votes cast sufficient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. Treach voting group entitled to vote separately on the	
"The number of votes ca	t for the amendment(s) was/were sufficient for approv	val
by		
	(voting group)	
11/25/202	0	
Dated		
Signature	M	
select	director, president or other officer – if directors or officed, by an incorporator – if in the hands of a receiver, to ted fiduciary by that fiduciary)	
	MELISSA GONZALEZ	
	(Typed or printed name of person signing	!)
	PRESIDENT	
	(Title of person signing)	