

LO8000079453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

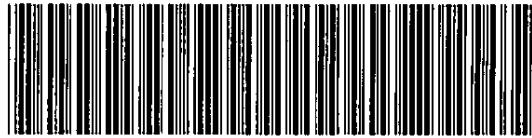
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400157822914

07/06/09--01029--009 **25.00

FILED
09 JUL 17 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 20 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Strategic debt Solutions LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tamar Green
Name of Person

Strategic debt Solutions LLC
Firm/Company

8461 Lake Worth road suite 450

Address

Lake worth FL33467

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tamar Green at (954) 8153355
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
09 JUL 17 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 7, 2009

TAMAR GREEN
8461 LAKE WORTH ROAD, SUITE 450
LAKE WORTH, FL 33467

SUBJECT: STRATEGIC DEBT SOLUTIONS LLC
Ref. Number: L08000079453

FILED
09 JUL 17 PM 4:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STRATEGIC DEBT SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 009A00023183

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Strategic debt Solutions LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 08/19/08 and assigned
Florida document number L08000079453.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8461 Lake Worth road suite 450

Lake worth FL33467

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8461 Lake Worth road suite 450

Lake worth FL33467

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Colin Taylor

New Registered Office Address:

8461 Lake Worth road suite 450

Enter Florida street address

Lake worth

, Florida

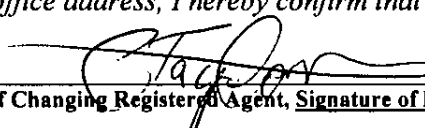
33467

City

Zip Code

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager


MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Tamar Green	8569 Trail Winds Ct Boynton Beach FL 33473	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Colin Taylor	8461 Lake Worth road suite 450 Lake worth FL 33467	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
 09 JUL 17 PM 4:49
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated 07/01, 2009



 Signature of a member or authorized representative of a member
 Tamar Green

 Typed or printed name of signee