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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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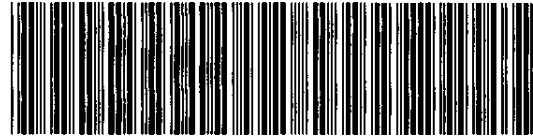
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 20 AM 9:08

T. HAMPTON
OCT 21 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Credit Physician 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:

Kevin D Dennis

Name of Person

Law Offices of Kevin D Dennis, LLC

Firm/Company

999 Brickell Avenue #700

Address

Miami, Florida 33131

City/State and Zip Code

kevin@dennislegal.com

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

For further information concerning this matter, please call:

Kevin D Dennis

Name of Person

at (305)

577-0311

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 OCT 20 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 13, 2010

KEVIN D DENNIS
LAW OFFICES OF KEVIN D DENNIS LLC
999 BRICKELL AVE - # 700
MIAMI, FL 33131

SUBJECT: USCREDITDEFENSE.COM
Ref. Number: L10000099378

We have received your document for USCREDITDEFENSE.COM 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 name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

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) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 510A00024287

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

The Credit Physician LLC

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 OCT 20 AM 9:08

The Articles of Organization for this Limited Liability Company were filed on 9/22/2010 and assigned
Florida document number L100000993778.

This amendment is submitted to amend the following:

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

UScreditdefense.com LLC

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)

1430 South Dixie Highway, Suite 314

Coral Gables, Florida 33146

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1430 South Dixie Highway, Suite 314

Coral Gables, Florida 33146

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:

New Registered Office Address:

1430 South Dixie Highway, Suite 314

Enter Florida street address

Coral Gables

City

Florida

33146

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	Jessica Cerrato	1430 South Dixie Highway, Suite 314 Coral Gables, Florida 33146	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 10/18, 2010

Kevin D. Dennis
 Signature of a member or authorized representative of a member

Kevin D. Dennis
 Typed or printed name of signee

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 10 OCT 20 AM 9:48