L10000099378

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #i		
	·	<u> </u>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(100	cument Number)		
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H AUG 19 AM II: 39
SECRETARY OF STATE

J. BRYAN

AliG 2 2 2011

EXAMINER

COVER LETTER

P.O. Box 6327 Tallahassee, FL 32314

TO:	Registration S Division of Co				
SUBJE	ECT:	UScredit	dfense.com LLC		
		Name of Lim	ited Liability Company		-
The end	closed Articles of	f Amendment and fee(s) are su	omitted for filing.		語言か
Please	return all corresp	ondence concerning this matte	to the following:		HAUG 19 MIII: 38 SECRETARY OF STATE SECRETARY OF FLORI
			Kevin D. Dennis		高
			Name of Person		- FLORES
			Screditdfense.com LLC		_
			Firm/Company		
			00 Douglas Road PH	7	
			Address		
		C	oral Gables, FL 33134	4	<u></u>
		leo.	City/State and Zip Code		
		E-mail address: (evin@dennislegal.com to be used for future annual repo	ort notification)	_
For furt	ther information	concerning this matter, please o	all:		
		vin D. Dennis	at (_305_)	577-0311	
	Name (of Person	Area Code &	Daytime Telephone Num	ber
Enclose	ed is a check for t	the following amount:			
	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certif nclosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		Registration	Corporations	:	

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

UScre	ditdfense.com	LLC			
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it nov Limited Liability Cor	v appears on o mpany)	ur records.)		
The Articles of Organization for this Limited Liability	Company were filed	on9	/22/2010	and assigned	
Florida document numberL10000099378	 -				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the lir	nited liability comp	any here:		A THE	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability	y Company," th	ne designation "L	LC" on he abbariation	
Enter new principal offices address, if applicable:	2600 D	ouglas Roa	nd PH 7	ORE VS	
(Principal office address MUST BE A STREET ADD	(Coral Coral	Gables, FL 3	33134	<u> </u>	
	2600 D	Nouglas Pos	.d DU 7		
Enter new mailing address, if applicable:		ouglas Roa Gables, FL 3			
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>	00 104		
B. If amending the registered agent and/or registered agent and/or the new registered office adented agent and/or the new registered office adented Name of New Registered Agent: New Registered Office Address: 260		PH 7			
	Enter Florida street address				
	Coral Gable	<u>es</u>	, Florida	33134	
	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 amending the Managers or Managing Members on our records, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager'

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add -
			A Remove T
			70 N 7 N 1
	-		Add Remo
	<i>,</i>		Remove
			DAGO
	-		Remove
			
			Add Remove
			∏Add
			Remove
			_
			Add Remove
D. If amen	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	
<u>N</u>	lew Address for both MGRM/MC	GR .	
2	600 Douglas Road PH 7, Coral	Gables, Florida 33134	

_	August 15,	2011 .	
Dated			
	Thevin D	mber or authorized representative of a member	
	Signature of a med	Kevin D. Dennis	
	Ту	/ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00