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SECRETARY OF STATE DIVISION OF CORPORATION

T. HAMPTON

MAY 1 8 2009

EXAMINER

COVER LETTER

Division of Co				
SUBJECT:	America	n Debt Co. LLC		
	Name of Limi	ted Liability Company		
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	condence concerning this matter	to the following:		
		Russell Loomis	<u>. </u>	
		Name of Person		
American Debt Co. LLC				
		Firm/Company		
944 4th Street N Suite #800				
		Address		
	St.	Petersburg, FL 33701		
		City/State and Zip Code		
russ@curemydebt.net E-mail address: (to be used for future annual report notification)				
		·	cation)	
For further information	concerning this matter, please of	eall:		
	ussell Loomis		417-5237	
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I		
The Articles of Organization for this Limited Liability Company Florida document number		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	944 4th Street N Suite #800	SIAIG S
(Principal office address MUST BE A STREET ADDRESS)		SION
Enter new mailing address, if applicable:	St. Petersburg, FL 33701	FILED STARY OF STORPOR
(Mailing address MAY BE A POST OFFICE BOX)		ATE ATTE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		he name of the new
registered agent and/or the new registered office address her	<u>c</u> .	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addi	ress
	. Florida	
· · · · · · · · · · · · · · · · · · ·	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, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Title Address Type of Action** <u>Name</u> MGR Russell Loomis 7780 49th street N #515 📝 Add Remove Pinellas Park, FL 33781 John A Gadd MGRM 5227 Creekmore LN ✓ Add Remove Tampa, FL 33624 Add Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) All previous address's are no longer valid May 1st 2009 Dated ____ Signature of a member or authorized representative of a member Russell Loomis Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00