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(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP .WAIT MAIL	
(Business Entity Name)	
(Dusiliess Effity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
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COVER LETTER

TO: , Registration Section Division of Corporations
SUBJECT: Navigators Delot Negotiation Service CLC, 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:
Any Follansber Name of Person
Paugators Debt Negotiation Service LLC
Po Box 772482 Address
Coral Springs 71. 33065 City/State and Zip Code
E-mail address: (to be used for future annual enormory) Com
For further information concerning this matter, please call:
Name of Person at (954) 918-1964 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee Certificate of Status 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

Navigators Debt Negrot atron Service UC
(Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 4 222002 and assigned Florida document number LO2000009504
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
Navigators ons, 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)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
Enter Florida street address
City , Florida, Florida
Nian Davidson J. Amerika Cimatana 16 davidson Davidson J. Amerika

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, <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 **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Add Remove Remove Remove Remove Remove

D. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	•
Dated _	1 15 2013
	Our of
	Signature of a member or authorized representative of a member AMY FOL(AMSbed
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00