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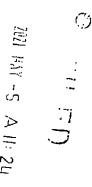
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Se Division of Co		s e e e e e e e e e e e e e e e e e e e
011D I		e Debt Relief LLC	
SUBJE	cci:	Name of Lim	ited Liability Company
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.
Please	return all correspo	ondence concerning this matter	to the following:
		Amanda Kaviani	
			Name of Person
		Progressive Debt Relief LI	LC
		<del></del>	Firm/Company
		424 E. Central Blvd. #524	
			Address
		Orlando, FL 32801	
			City/State and Zip Code
		compliance@progressivere E-mail address: (	to be used for future annual report notification)
For fur	ther information of	concerning this matter, please c	all:
Amand	la Kaviani		877 590-1847
	Name o	of Person	Area Code Daytime Telephone Number
Enclose	ed is a check for t	he following amount:	
<b>■</b> \$2.	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 2 Tallahassee, FL 32303

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

Progressive Debt Relief LLC

company has been notified in writing of this change.

( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number <u>L05000092059</u>	were filed on 09/19/2005	and as	ssigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company here:		
NA			
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" or the	abbreviation "I	L.L.C."
Enter new principal offices address, if applicable:	NA		
(Principal office address MUST BE A STREET ADDRESS)	<u></u>		
			<del></del>
	424 F. Control Physics		
Enter new mailing address, if applicable:	424 E. Central Blvd.		
(Mailing address MAY BE A POST OFFICE BOX)	#424 		
	Orlando, FL 32801		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:  New Registered Office Address:	address on our records, enter the na	me of the no	w registered
	Enter r torida street address		0
<del></del>	, Florida _	Zīp Code	<del></del> ;
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	*	1
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and I an provided for in Chapter 605, F.S. O	n familiar w r, i <u>f t</u> his doğ	ith and Ument is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Kameron Kaviani	605 E. Ridgewood St	□Add
		Orlando, FL 32803	■Remove
			Change
MGR	Amanda Kaviani	605 E. Ridgewood St	<b>≣</b> Add
		Orlando, FL 32803	□ Remove
		<del> </del>	□Change
		<del></del>	□Add
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cument's effective da	e on the Departmer	nt of State's record	S.		2921 - EA	**************************************
ote: If the date inserte	the date must be specied in this block does	fic and cannot be prices not meet the appl	icable statutory fil	more than 90 days after fi ing requirements, this of	ling.) Pursuant	
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