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D. BRUCE

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**EXAMINER** 

### **COVER LETTER**

Division of Corporations
SUBJECT: DEBT 1 SOLUTIONS, 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:
GARY WILLIAMS (Name of Person)
DEBT 1 SOCUTIONS LCC (Firm/Company)
NORTH PAIN BEACH, FL. 33408 ALL AND City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Person)  at (S6) 630 - 6730 RES (Area Code & Daytime Telephone Number)
(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee & Status Status Status Certificate of Status Certificate of Status (additional copy is enclosed)  \$55.00 Filing Fee & Status Status Certificate of Status & Certified Copy (additional copy is enclosed)

#### MAILING ADDRESS:

**Registration Section** 

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

	DEBT 1 SOLUTIONS LCC		
	(Present Name) (A Florida Limited Liability Company)		
FIRST:	The Articles of Organization were filed on <u>JAN. 17<sup>TD</sup>200</u> and assigned document number <del>LO 7000000419</del>		
	This amendment is submitted to amend the following:		
	PRINCIPAL + MAILING ADDRESS CHANGED TO!		
	11911 45 Hy. 1 SUITE 208	_	
	11911 45 Hy. 1 SUITE 208 NORTH PARM BEACH, FL 33408	_	
	TAS .	-0	
2-	MANAGER / MEMBER DETAIL GARY M. WILLIAMS  SAN	Ar 8	- [
	GARY M. WILLIAMS		No.
	1911 US 14 1 SUITE 208 PS	2	7
_	NORTH PARM BEACH FL. 33408 SE	22	201 201
·	DA.	చ	
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•		-	
Dated	,,,		
	Hay M. Williams	<del>.</del>	
	Signature of a member or authorized representative of a member		
	Gray M. Williams Typed or printed name of signee	-	