## L07000024594

* .	
	(Requestor's Name)
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	(City/State/Zip/Phone #)
	(City/State/2/p/Priorie #)
PICK-U	P WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instruction	s to Filing Officer:

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B. KOHR
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EXAMINER

CHASSION OF CORPORATIONS

10 AUG -9 PN 1-30

## **ECFS**

EXPRESS CORPORATE FILING SERVICE, INC 1000 PONCE DE LEON BLVD., STE: 101 CORAL GABLES, FL 33134

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Examiner's Initials

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CORPORATION NAME(S) &	DOCUMENT NUMBER(S) (if known):	
1. Madis	on law u.c.	
(Corporation Name)	(Document #)	
2. <sup>†</sup>	(L02000024594)	
(Corporation Name)	(Document #)	
3.		
(Corporation Name)	(Document #)	
4.	•	
(Corporation Name)	: (Document #)	
Walk in Pick up	p time Certified Copy	
Mail out Will wa	ait Photocopy Certificate of Status	
NEW FILINGS	AMENDMENTS	
Profit	Amendment	
NonProfit	Resignation of R.A., Officer/Director	
Limited Liability	Change of Registered Agent	
Domestication	Dissolution/Withdrawal	
Other	Merger	
ing the state of t		
OTHER FILINGS -	REGISTRATION/ QUALIFICATION	
Annual Report	Foreign	
Fictitious Name	Limited Partnership	
Name Reservation	Reinstatement	

Trademark

Other

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	MADISON LAW, LLC		N. O.	
(Name of the	Limited Liability Company as it now appea (A Florida Limited Liability Company)	irs on our records.)	Solit	
	(A Florida Elimica Elability Company)		( QEE	
The Articles of Organization for this Li	mited Liability Company were filed on	03/06/2007	and assign	
Florida document numberL070	000024594		<b>7</b> 000	
- * · · · ·			1 10	
This amendment is submitted to amend	the following:		66	
A. If amending name, enter the new	name of the limited liability company he	ere:		
•	ion Credit Counsel			
The new name must be distinguishable and "L.L.C."	d end with the words "Limited Liability Comp	nany," the designation "Ll	C" or the abbreviation	
Enter new principal offices address, i	f applicable:			
(Principal office address MUST BE A	STREET ADDRESS)		<del></del>	
Enter new mailing address, if applica	bla.			
(Mailing address MAY BE A POST O		**************************************		
Withing address MAT DE ATOST OF	· ·		<del>-</del>	
B. If amending the registered age	nt and/or registered office address on	our records, enter th	e name of the new	
registered agent and/or the new regis				
· · · · ·				
Name of New Registered Age	nt: NIVIA PACHECO		· · · · · · · · · · · · · · · · · · ·	
New Registered Office Addres	22	•		
New Registered Office Address		Enter Florida street address		
		1771		
	City	, Florida	Zip Code	
Non- Designated Agentle Signature (Cab	anging Degistered Agents		•	

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 Changing Registered Agent, Signature of New Registered Agent

## If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member Title <u>Name</u> **Address Type of Action** MGRM **NIVIA PACHECO** 13155 SW 134 ST **✓** Add MIAMLEL 33186 Remove EDWARD J. ABRAMSON MGRM 13155 SW 134 ST Add MIAMI FL 33186 ✓ Remove **MGRM NIVIA GARCIA** 13155 SW 134 ST MIAMI FL 33186 √ Remove Add Remove $\square$ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AUG. 07 2010 Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

**NIVIA PACHECO**