

L07000053953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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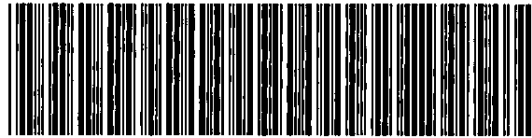
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Bankruptcy Resouce Center 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:

**Erik Leavell**

(Name of Person)

(Firm/Company)

**PO Box 531138**

(Address)

**Miami Shores, FL 33153**

(City/State and Zip Code)

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For further information concerning this matter, please call:

**Erik Leavell** at ( **305** ) **758-7308**  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

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| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**Bankruptcy Resouce Center LLC**

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on May 21, 2007 and assigned document number L07000053953.

**SECOND:** This amendment is submitted to amend the following:

**ARTICLE I shall be changed to read as follows**

**Bankruptcy Resource Center LLC**

**All other Articles of the Articles of Organization shall remain unchanged**

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Dated August 6, 2007.

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

**Erik Leavell**

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fee: \$25.00**