

L07000094897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

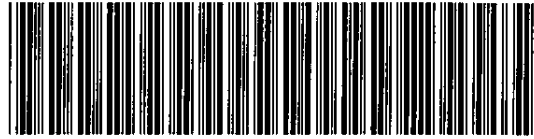
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAD CREDIT AWAY, 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:

RODOLFO SALAZAR
(Name of Person)

BAD CREDIT AWAY, LLC
(Firm/Company)

PO BOX 429
(Address)

APOPKA, FL 32704
(City/State and Zip Code)

For further information concerning this matter, please call:

RODOLFO SALAZAR at (**407**) **692-1968**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2007

RODOLFO SALAZAR
BAD CREDIT AWAYM, LLC
P O BOX 429
APOPKA, FL 32704

SUBJECT: BAD CREDIT AWAY LLC
Ref. Number: L07000094897

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RECEIVED

We have received your document for BAD CREDIT AWAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as registered agent for said corporation/limited liability company"); and the registered agent's signature.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 807A00063228

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BAD CREDIT AWAY, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 09/18/2007 and assigned document number L07000094897.

SECOND: This amendment is submitted to amend the following:

ARTICLE II Principal Address

DELETE: 6435 MANHATTAN VILLAGE AVE 202 ORLANDO, FL 32835

ADD: 5448 HOFFNER RD SUITE 108 ORLANDO, FL 32812

ARTICLE IV Registered Agent

DELETE: RODOLFO SALAZAR 6435 MANHATTAN VILLAGE AVE 202 ORLANDO, FL 32835

ADD: RODOLFO SALAZAR 5448 HOFFNER RD SUITE 108 ORLANDO, FL 32812

ARTICLE V Manager / Managing member

DELETE: ROBERT MOGOLLON 6435 MANHATTAN VILLAGE AVE 202 ORLANDO, FL 32835

DELETE: RODOLFO SALAZAR 6435 MANHATTAN VILLAGE AVE 202 ORLANDO, FL 32835

ADD: RODOLFO SALAZAR 5448 HOFFNER RD SUITE 108 ORLANDO, FL 32812

MGR

Dated 10/23, 2007



Signature of a member or authorized representative of a member

RODOLFO SALAZAR

Typed or printed name of signee

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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.



(Signature of Registered Agent)

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