

L07000094897

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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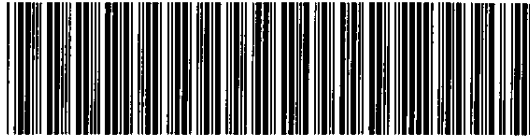
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
07 NOV 13 PM 2:31

T. Hampton NOV 13 2007

## 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:

- |  |  |  |  |
|--|--|--|--|
| <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



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.*



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(Signature of Registered Agent)

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