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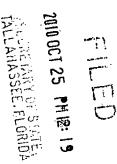
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C. LEWIS

OCT 2 6 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CONSUMEN DEAT COUNSILOR GROUP 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:
Vanessa Autrey Name of Person
Consumer Debt Counselor Group LLC
4751 N Federal Hwy, Swite 302
BOCA RATON, PL 33431 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Vanessa Autrey at (866) 394 - 2604 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$\$\$\$\$\$\$ Certified Copy \\ \text{(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

FILED

2010 OCT 25 PM 12: 1.9

Consumer DUOT Counselor	GROUP LLC SLORETAR (GF STATE any as it now appears on our records, HASSEE, FLORIDA Liability Company)
(A Florida Limited I	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>LOT 00011 50</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	bility company here:
, ,	
The new name must be distinguishable and end with the words "Limit".L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	4751 N Federal Hwy Suite 302
	BOCA RATON, FL 3343
Enter new mailing address, if applicable:	6751 N Federal HWU
	Suite 302
(Mailing address MAY BE A POST OFFICE BOX)	Boca Raton, FL 33431
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida City Zip Code
	City Zip Code

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 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** Name Address **Type of Action** ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove ☐ Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 20th 2010 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00