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(City/State/Zip/Phone #)

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10 JUL - 7 AM 10:29

SECRETARY OF STATE
JUL 6/10 SEE FLORIDA

D. BRUCE
JUL 08 2010
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mutual Debt Solutions 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:

Steven Dapuzzo

Name of Person

SSB Solutions llc

Firm/Company

4900 n ocean dr #511

Address

Fort Lauderdale FL 33308

City/State and Zip Code

steven@mutualdebtsolutions.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Dapuzzo

Name of Person

at (954)

205-2731

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

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10 JUL - 7 AM 10:29
CLERK OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mutual Debt Solutions llc

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/12/2007 and assigned
Florida document number L07000123470.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1001 Yamato Rd #302

Boca Raton FL 33431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1001 Yamato Rd #302

Boca Raton FL 33431

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CLERK OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SSB Solutions LLC

New Registered Office Address:

4900 n ocean dr #511

Enter Florida street address

Fort Lauderdale

Florida

33308

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Stephen Schachter	2069 S Ocean Dr #13 Hallandale Beach FL 33009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SSB Solutions LLC	4900 n ocean dr #511 Fort Lauderdale FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated May 15, 2010

Signature of a member or authorized representative of a member

Stephen Schachter

Typed or printed name of signee

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA