

108000029294

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

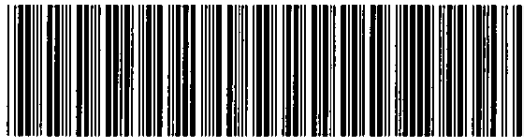
\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Amend

Office Use Only



000123677440

04/22/08--01024--010 \*\*25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 APR 22 PM 2:24

G. MCLEOD

APR 23 2008

EXAMINER



# Gerstle, Rosen & Goldenberg, P.A.

Certified Public Accountants

Mark R. Gerstle, C.P.A.

Robert N. Rosen, C.P.A.

Brian K. Goldenberg, Partner

## INSTRUCTIONS FOR FILING

### ATTACHED TAX RETURN

TO: FIRST UNIVERSAL FINANCIAL GROUP

FORM: # AMENDMENT RETURN PERIOD: N/A

DUE DATE: On or before A.S.A.P.

TAX DUE: \$ 25.00 (DEPT. OF STATE)  
(INDICATE SOCIAL SECURITY NUMBER OR FEDERAL I.D. NUMBER ON CHECK)

OVERPAYMENT: The return shows an overpayment of \$ \_\_\_\_\_. We have indicated on the return that such amount:

\_\_\_\_\_ Will be applied against your estimated tax for \_\_\_\_\_ (year)

\_\_\_\_\_ Is to be refunded to you

SIGNATURE: The original must be signed and dated at the bottom of page 2 of 2 where indicated by:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ ☒ Taxpayer  
Taxpayer and Spouse  
Officer, Owner or Partner

Other: \_\_\_\_\_

### MAILING

INSTRUCTIONS: The signed return, and remittance if any, should be mailed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OTHER:

Envelope provided. Copy of return enclosed for your records.

2630 Center  
2630 NE 203rd Street  
Suite 104  
Aventura, Florida 33180  
Phone 305 937 0116  
Fax 305 937 0128  
Fax 305 937 0337

The Porticos  
3835 N.W. Boca Raton Blvd  
Suite 100  
Boca Raton, Florida 33431  
Phone 561 447 4000  
Fax 561 447 4004

5100 Tamiami Trail North  
Suite 103  
Naples, Florida 34103  
Phone 239 262 1773  
Fax 239 263 0166

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: FIRST UNIVERSAL FINANCIAL GROUP OF BOCA RATON, 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:

CAROLINA DAZZO

(Name of Person)

FIRST UNIVERSAL FINANCIAL GROUP OF BOCA RATON, LLC

(Firm/Company)

500 NE SPANISH RIVER BLVD., #23-24

(Address)

BOCA RATON, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

CAROLINA DAZZO

(Name of Person)

at ( 786 ) 512-8331

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
08 APR 22 PM 2: 24

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

FIRST UNIVERSAL FINANCIAL GROUP OF BOCA RATON, 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 MARCH 21, 2008 and assigned  
Florida document number L08000029294.

This amendment is submitted to amend the following:

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

NATIONAL DEBT GROUP OF BOCA RATON, LLC

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

**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:

New Registered Office Address:

(Enter Florida street address)

, Florida

(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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated

4/18/08

*Carolina Dazzo*

Signature of a member or authorized representative of a member

CAROLINA DAZZO

Typed or printed name of signee