

LD8000037310

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

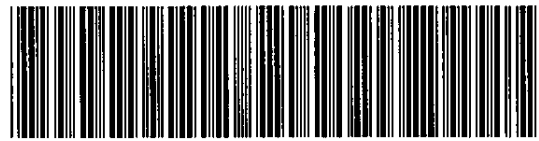
(Document Number)

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

Special Instructions to Filing Officer:

**L. SELLERS**  
MAR 12 2009  
**EXAMINER**

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 MAR 11 AM 8:29

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CITY CREDIT SOLUTION 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:

**GIFFARD BULLEN**

(Name of Person)

**INCLUSIVE MANAGEMENT GROUP, INC**

(Firm/Company)

**PO BOX 621746**

(Address)

**ORLANDO, FL 32862**

(City/State and Zip Code)

For further information concerning this matter, please call:

**GIFFARD BULLEN**

(Name of Person)

at (321 ) 403-5610

(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

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

CITYCREDIT 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 04/14/2008 and assigned Florida document number L08000037310.

This amendment is submitted to amend the following:

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

INCLUSIVE FINANCIAL GROUP LLC

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:**

1487 DEPEW ST SE

**(Principal office address MUST BE A STREET ADDRESS)**

suite 200

PALM BAY FL 32909

**Enter new mailing address, if applicable:**

PO BOX 621746

**(Mailing address MAY BE A POST OFFICE BOX)**

ORLANDO FL 32862

**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:**

INCLUSIVE MANAGEMENT GROUP, INC

**New Registered Office Address:**

1487 DEPEW ST SE

(Enter Florida street address)

PALM BAY

(City)

Florida

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STATE  
SECRETARY  
FLORIDA

**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:

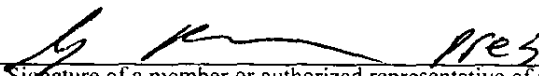
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	INCLUSIVE MANAGEMENT GROUP, INC	1487 depew st se PALM BAY FL 32909	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	SUNCOAST CREDIT SOLUTIONS INC	13120 HATHERTON CIR ORLANDO FL 32832	<input type="checkbox"/> Add <input checked="" 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 03/09 2009

  
Signature of a member or authorized representative of a member

Pres  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 MAR 11 AM 8:29

FILED

LLC



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the form and instructions to **amend the Articles of Organization of a Florida Limited Liability Company.**

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 608.411, Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s. 608.4081, Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 608.409(2), Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

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

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.

➤ **The fees are as follows:**

\$25.00	<b>Filing Fee</b>
\$30.00	<b>Certified copy (optional)</b>
\$ 5.00	<b>Certificate of Status (optional)</b>

- Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.

**608.411 Amendments to or restatements of articles of organization.--**

(1) The articles of organization of a limited liability company are amended by filing articles of amendment thereto with the Department of State. The articles of amendment shall set forth:

- (a) The name of the limited liability company.
- (b) The date of filing of the articles of organization.
- (c) The amendment to the articles of organization

(2) Unless otherwise provided in this chapter or in the articles of amendment, the articles of amendment shall be effective when filed with the Department of State.