

L08000070123

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(City/State/Zip/Phone #)

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2010 AUG 20 PM 4:8
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

AUG 23 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NATIONAL DEBT CENTERS OF AMERICA, 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:

KEITH W. GRUEBELE

Name of Person

Firm/Company

1258 NW 170TH AVE

Address

PEMBROKE PINES, FL 33028

City/State and Zip Code

KG@NDCOA.COM

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

For further information concerning this matter, please call:

KEITH W. GRUEBELE

Name of Person

at (954)

263-6399

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

FILED

2010 AUG 20 PM 4:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NATIONAL DEBT CENTERS OF AMERICA, 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 07/21/2008 and assigned
Florida document number L08000070123.

This amendment is submitted to amend the following:

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

NATIONAL DATA CENTERS OF AMERICA, 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:

1258 NW 170TH AVE

(Principal office address MUST BE A STREET ADDRESS)

PEMBROKE PINES, FL 33028

Enter new mailing address, if applicable:

1258 NW 170TH AVE

(Mailing address MAY BE A POST OFFICE BOX)

PEMBROKE PINES, FL 33028

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:

KEITH W. GRUEBELE

New Registered Office Address:

1258 NW 170TH AVE

Enter Florida street address

PEMBROKE PINES

Florida

33028

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.

(Signature)
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>
MGR	SPRINGVILLE FINANCIAL	10312 NW 55TH STREET SUNRISE, FL 33351	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated AUGUST 17TH, 2010



Signature of a member or authorized representative of a member

KEITH W. GRUEBELE

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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