

108000087344

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

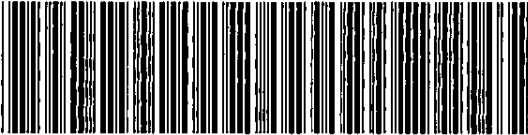
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 3 2009

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DEBT. PRO ASSOCIATE 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:

Paul Kambowitz  
(Name of Person)  
DEBT. PRO ASSOCIATES LLC  
(Firm/Company)  
2661 NW 2ND AVE # 205  
(Address)  
BOCA RATON, FL 33491  
(City/State and Zip Code)

For further information concerning this matter, please call:

Paul Kambowitz at ( 904 ) 414-5867  
(Name of Person) (Area Code & Daytime Telephone Number)

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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

DEBT-FP ASSOCIATES 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 9/15/08 and assigned Florida document number 208000087344

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

Mark Janowitz

New Registered Office Address:

2061 N.W. 2ND AVE #205

(Enter Florida street address)

BOCA RATON, Florida 33431  
(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

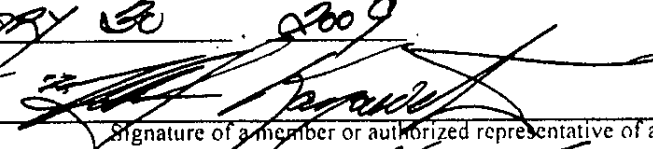
Title	Name	Address	Type of Action
<del>MGRM</del>	<del>YAKIN WOLF LLC</del>	<del>1194 Hillsboro Pk Hillsboro Beach, FL 33062</del>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<del>MGRM</del>	<del>TEKC GROUP LLC</del>	<del>6851 PELTON ST BOYNTON BEACH, FL 33437</del>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<del>MGRM</del>	<del>PHIL KANOWITZ</del>	<del>2061 NW 22ND AVE BOCA RATON, FL 33431</del>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<del>MGRM</del>	<del>JAMES CASTELLO</del>	<del>2061 NW 22ND AVE BOCA RATON, FL 33431</del>	<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

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

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

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Dated JANUARY 30 2009

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member

PHIL KANOWITZ  
 \_\_\_\_\_  
 Typed or printed name of signee