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## COVER LETTER

Division of Corporations	
SUBJECT: Debtsolve, LLC	
Name of Limited Liability Company	
$\cdot$	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Artoinette Echevarria Name of Person	į
Debtsolve, LLC Firm/Company	
1440 CORAL Ridge Drive, # 491	
CORAL Springs, FL 3307/	
City/State and Zip Code  Cle 6+50   Ve   1 C @ g mail. (om  E-mail address: (to be used for fulfule annual report notification)	MIN JUL 26 SECRETAR
E-mail address: (to be used for full-fe annual report notification)	
For further information concerning this matter, please call:	SS 16
Antoinette Echevaria at (454) 934-7862  Name of Person Area Code & Daytime Telephone Number	PM 1: 22 SEE FLORIUA
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

MAILING ADDRESS:

TO:

Registration Section,

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

Debtsolve, LLC		
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears on our rec	cords.)
The Articles of Organization for this Limited Liability Compar Florida document number <u>L0900015</u>	ny were filed on 2/16/	/
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Company," the des	ignation "LLC" or the abbreviation
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)		ZELLA ELLA COLLA C
		SSEE F.
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our record ere:	s, enter the name of the new
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>	Address	Type of Action
MGR	Beatrice FLOYD	1440 CORAL Ridge Drive#491 CORALSPRINGS, FL 33071	_ 🔀 Add
			Remove
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			Remove
			Kemove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Title For Antoinette Echevarria Should be Changed From "President" to MGRM"
- Charles Treated F 10 MICHI
Dated June 24, , 2013.
and the Echi
Signature of a member or authorized representative of a member
Antoinette Echevarria
Typed or printed name of signee
Page 3 of 3

Filing Fee: \$25.00

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