L09000045390

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J. BRYAN

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COVER LETTER

TÒ:	Registration Se Division of Cor			
SUBJE	î C T∙	Safeguard	Debt Solutions	
			d Liability Company	
The end	closed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please	return all correspo	ondence concerning this matter t	o the following:	PILE STATE SECRETARS SEE, FLORING
			Glenn Cohen	THE STATE OF THE S
		- Sign of M		
Safeguard Debt Solutions			E OF S	
			Firm/Company	
			155 SW. 10 th street Address	
		Dee	rfield Beach,FL. 33442	
			City/State and Zip Code	
		E-mail address: (to	be used for future annual report notifica	tion)
For fur	ther information o	concerning this matter, please ca	ıll:	•
	G	lenn Cohen		23-1300
	Name o	of Person	Area Code & Daytime	Felephone Number
Enclos	sed is a check for t	he following amount:		
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate 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



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2009

GLENN COHEN SAFEGUARD DEBT SOLUTIONS, LLC 3155 SW 10 TH STREET DEERFIELD BEACH, FL-33442

SUBJECT: SAFEGUARD DEBT SOLUTIONS, LLC

Ref. Number: L09000045390



We have received your document for SAFEGUARD DEBT SOLUTIONS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is #T13376, SAFE*GUARD.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Regulatory Specialist II
Letter Number: 809A00019102

ARTICLES OF AMENDMENT TO * ARTICLES OF ORGANIZATION OF



Safeguard L	<u> ebt Solu</u>	tions	
(Name of the Limited Liability Comp (A Florida Limited	Dany as it nov Liability Co	w appears on our records.) mpany)	En.
The Articles of Organization for this Limited Liability Compar Florida document numberL0900045390	ny were filed	on May 8, 2009	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lis	ability comp	oany here:	
Safegua	ard ,LLC	SAFEGUARD	INVESTMENTS, LL
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liabilit	y Company," the designation	"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)			. <u></u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ess on our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:		-	
New Registered Office Address:			
	Enter Florida street ad		address
<u> </u>		, 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

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGRM	Glenn Cohen	3155 SW, 10 th street Deerfield Beach,FL 33442	✓ Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add
			AddRemove
D. If amend	ding any other information, en	nter change(s) here: (Attach additional sheets, if neces	·
_			O9 JUN 30 A SECRETARY O ALL NHASSEE.
 Dated	May 29	2009	M 8: 37 EF STATE FLORIDA
		of a member or authorized representative of a member	
		Ginjer Sasson Typed or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00