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SECRETARY OF STATE
DIVISION OF CORPORATION

T. HAMPTON

JUN 1 5 2009

**EXAMINER** 

## **COVER LETTER**

TO:

Registration Section

Division of Corporations				
SUBJECT: Gedit Consultants 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:				
Bruce Myrich Name of Pelson				
ORDEV Firm/Company				
PD Box Wolland				
Orlando, FL 32861				
City/State and Zip Code  City/State and Zip Code  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Bruce Munich at W5.  Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ Certificate of Status \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				
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

Credit Consultants of	therica LLC	
(Name of the Limited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.) \ mpany)	
The Articles of Organization for this Limited Liability Company were filed Florida document number <u>LO900050309</u> .	$1 \text{ on } \frac{5 22 09}{}$ and assign	gned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability composition of the limited liability composition.  The new name must be distinguishable and and with the words "Limited Liability"L.L.C."	re, LLC	breviation
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		9
	9.	- <u>₹</u>
	E	228
Enter new mailing address, if applicable:	12	
(Mailing address MAY BE A POST OFFICE BOX)	70	220
	5.	RA RA
<del></del>	 پي	<u> </u>
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of	the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma MGRM = N			
<u>Title</u>	Name	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
<del> </del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
			FILED SECRETARY OF DIVISION OF CORP
Dated	June 10, 20 Some C.	My-cl	LED RY OF STATE CORPORATIONS PM 2: 34
	Bruce C. Murich	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00