

L09000062467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900183095689

07/09/10--01010--007 **25.00

FILED
19 JUL 20 PM 12:14
U.S. DEPT. OF COMMERCE
NATIONAL BUREAU OF PATENT
TRADE MARK & TRADE DRESS
COUNCIL

S. HAWKES
JUL 21 2010
EXAMINER

S. HAWKES
JUL 22 2010
EXAMINER

W



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 12, 2010

MOSHE ZUCHAER
9594 NW 41ST STREET SUITE 206
DORAL, FL 33178

SUBJECT: GPS CREDIT REPORT LLC
Ref. Number: L09000062467

We have received your document for GPS CREDIT REPORT 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 registered agent must sign accepting the designation.

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) 245-6955.

Suzanne Hawkes
Regulatory Specialist II

Letter Number: 210A00016845

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GPS CREDIT REPORT 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:

MOSHE ZUCHAER

Name of Person

GPS CREDIT REPORT LLC

Firm/Company

9594 NW 41ST STREET SUITE #206

Address

DORAL, FL 33178

City/State and Zip Code

FA@PREMIUMCREDITBUREAU.COM

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

For further information concerning this matter, please call:

MOSHE ZUCHAER

Name of Person

at (305) 468 1560

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**

GPS CREDIT REPORT 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 06/26/2009 and assigned
Florida document number L09000062467.

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)

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:

MONIQUE LAW

New Registered Office Address:

9594 NW 41ST STREET SUITE #206

Enter Florida street address

DORAL

City

Florida

33178

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	MONIQUE LAW	9594 NW 41ST STREET SUITE #206 DORAL FL 33178	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MOSHE ZUCHAER	9594 NW 41ST STREET SUITE #206 DORAL FL 33178	<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

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

Dated 07/06, 2010


Signature of a member or authorized representative of a member

MOSHE ZUCHAER

Typed or printed name of signee