(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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G. MCLEOD

AUG 27 2009

EXAMINER



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08/26/09--01030--012 **25.00

COVER LETTER

TO:	Registration Section Division of Corpo			4	•
SUBJE	CCT:	PR	MD, LLC		t
		Name of Limit	ed Liability Company		
The end	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
		Michael Roser	nbaum, Authorized Re	presenative	e
			Name of Person		
		c/o Rosenba	um International Law	Firm, P.A.	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·	
		755 41st Stre	eet, Miami Beach, Flor	rida 33140	
			Address		
		Miar	mi Beach Florida 3314	10	
			City/State and Zip Code		
		E mail address: (t	c@mrtaxlawyer.com	rt notification)	
		,	•	it notification)	
For fur	ther information con	cerning this matter, please ca	all:		
		Rosenbaum	at (305)	672-37	
	Name of P	erson	Area Code & I	Daytime Telepho	one Number
Enclose	ed 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 en		\$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

F	PRMD, LLC			
(Name of the Limited Liability (A Florida	y Company as it now appea.	rs on our records.	_	
(// Fiorial	Diffice Blacking Company)			
The Articles of Organization for this Limited Liability C	Company were filed on	08/21/2009	and a	ssigned
Florida document numberL0900081044	•			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company her	re:		
<u> </u>	, , , , , , , , , , , , , , , , , , , ,	<u></u>		
The new name must be distinguishable and end with the wo	rds "Limited Liability Compa	any," the designation "L	LC" or the	abbreviatio
"L.L.C."				
Enter new principal offices address, if applicable:				<u> </u>
(Principal office address MUST BE A STREET ADDI	RESS)		09	<u>S</u> SE
			AUG	9済
			26	TAB
Enter new mailing address, if applicable:			7	<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			٥č	£Q.
			17	33
				4-
B. If amending the registered agent and/or regis		our records, <u>enter t</u>	he name	of the nev
registered agent and/or the new registered office add	iress nere:			
Name of Name Deviational Accepts				
Name of New Registered Agent:	100.0			
New Registered Office Address:	F.			
	Enter Florida street address			
	Cit-	, Florida	Zip Co	do
	City		zip Co	ae

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 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:

	= Manager I = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
		•	Add Remove
			Add Remove _
			Add Remove
			Add Remove
D. If a	mending any other information, enter characters of Organization for Florida	ange(s) here: (Attach additional sheets, if necessary.) a Limited Liability Company:	_
	Article III: The Purpose for which is: "Debt Settlement Company"	this Limited Liability Company was organized "	_
Dated _	August 24	2009	_
	Michael Rose	fiber of authorized representative of a member enbaum, Authorized Represenative	
	Ty	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00