L09000085830

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	usiness Entity Nar	ne)		
(Document Number)				
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C. LEWIS

MAR 1 & 2010

EXAMINER



March 5, 2010

PHULMATI ALLY / FEDERAL DEBT SOLUTIONS, LLC 1108 FOXFORREST CIRCLE APOPKA, FL 32712

SUBJECT: FEDERAL DEBT SOLUTIONS, LLC

Ref. Number: L09000085830

We have received your document for FEDERAL DEBT SOLUTIONS, LLC and your check(s) totaling \$30.00. 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 the corrected original and one copy of 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) 245-6047.

Letter Number: 510A00005556

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

COVER LETTER

TO: Registration S Division of Co		,		
SUBJECT:	Federal De	ebt Solutions, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Phulmati Ally		
		Name of Person		
	Fed	eral Debt Solutions, LL	C	
		Firm/Company		
	1	108 Foxforrest Circle		
,		Address		
		Apopka FL 32712	<u>,. ==,</u>	
		City/State and Zip Code		
	E-mail address: (De1trish@aol.com to be used for future annual repor	i notification)	
For further information	concerning this matter, please	call:		
F	Phulmati Ally	at (407)	375-0304 Paytime Telephone Number	
Name	of Person	Area Code & D	aytime Telephone Number	_
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	Section 1 (2014) Section 2 (2014) Sectio	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

FILED

*	PH 12: 58
Federal Deht S	DALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
(Name of the Limited Liability Com	pany as it now appears on our records. RETARY OF STATION OF TALLAHASSEE, FLORIDA TALLAHASSEE, FLORIDA
(A Florida Limite	TALLAHASSEE,
The Articles of Organization for this Limited Liability Compa	my were filed on 02/22/2010 and assigned
Florida document number L 0900085830	•
This amendment is submitted to amend the following:	
A 16	,
A. If amending name, enter the new name of the limited li	adulty company here:
The new name must be distinguishable and and with the words (4)	imited Liability Company," the designation "LLC" or the abbreviation
"L.L.C."	minded Elabatity Company, the designation EEC or the appreviation
Enter new principal offices address, if applicable:	1108 Foxforrest Circle, Apopka FL 32712
(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 registered agent and/or the new registered office address h	office address on our records, enter the name of the new
	XA,X*
Name of New Registered Agent:	Tricia Masih-Das
New Periods of Control	Enter Florida street address FUD 199 Morida 32712
New Registered Office Address:	Enter Florida street address
Ar	Salales 327,2
	City Florida 327, 2
New Resistered Agent's Signature, if changing Resistered Age	
hereby accept the appointment as registered agent and a he provisions of all statutes relative to the proper and con	gree to act in this capacity. I further agree to comply with nplete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent a	s provided for in Chapter 608, F.S. Or, if this document is
being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ce address, I hereby confirm that the limited liability
	Traca Masil Des banging Registered Agent, Signature of New Registered Agent
If C	banging Registered Agent, Signature of New Registered Agent

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>:

MORNI)	Managing Member	•	
Title	<u>Name</u>	Address	Type of Actio
MGRM	Tricia Masih-Das	1108 Foxforrest Circle Apopka, Florida 32712	AddRemove
<u></u>	•		☐ Add ☐ Remove
***************************************			Add Remove
			AddRemove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
	·		AddRemove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional sheets, if n	ecessary.)
			<u> </u>
 	February 22	2010	701 FAS
Jaied		Fhulmoti Hyly	2010 MAR -4 SECRETER TALLAHASS
	Signature of	a member or authorized representative of a member	
		Phulmati Ally Typed or printed name of signee	PN 12: 50