L09000111470

| Robert Todd Robert Ilos Sarasofx, Ft 34234 (City/State/Zip/Phone #) MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer: | | | | |
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| PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status | - Robert Todd 800 N. Tamiami Tr, #1108 Sarasota, FL 34236 | | | |
| (Business Entity Name) (Document Number) Certified Copies Certificates of Status | (City/State/Zip/Phone #) | | | |
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SECRETARY OF STATE DEBT DESTRUCTION USA, LLC iability Company as it now appears on our records. ALLAHASSEE, FLORIDA: The Articles of Organization for this Limited Liability Company were filed on ___ L09000111470 Florida document number ____ This amendment is submitted to amend the following: If amending name, enter the new name of the limited liability company here; DEBT DEMOLITION USA. LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." * 800 North Tamiami Tro 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 existered agent and/or the new registered office address here: Name of New Registered Agent: Volth Tamiomi (vail, Suite () New Registered Office Address:

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

MGRM = Managing Member Title Name Address **Type of Action** □_Add Remove 🔲 Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessar) Dated Signature of a member or authorized representative of a member Erik C. Larsen, authorized representative Typed or printed name of signee

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Filing Fee: \$25.00