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S. HAWKES

AUG 2 - 2010

EXAMINER

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Nationwide Debt Relief Centers 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:

Lino Figueroa  
Name of Person

Firm/Company

275 NE 18th CV-02  
Address

Miami FL 33132  
City/State and Zip Code

info @ consumeracquisitionnetwork.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lino Figueroa at 800, 295-1774  
Name of Person Area Code & Daytime Telephone Number

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CLERK OF SUPERIOR COURT

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

Nationwide Debt Relief Centers 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 12/11/2009 and assigned  
Florida document number LO9000118112

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Nationwide Debt Relief Centers LLC

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**)

701 Brickell Ave  
Suite 1550  
Miami FL 33131

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

701 BRICKELL AVE  
Suite 1550  
MIAMI FL 33131

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:

Lino FIGUEROA

New Registered Office Address:

701 BRICKELL AVE Suite 1550

Enter Florida street address

Miami

City

Florida

33131

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.

Lino Figueroa  
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>
MGRM	LINO FIGUEROA	701 BRICKELL AVE SUITE 1550 MIAMI FL 33131	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	AVERA SYSTEMS	275 NE 185TH AVE-02 MIAMI FL 33132	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	the 2007 SAN LAZARO PROVOCABLE TRUST	755 41ST ST MIAMI BEACH FL 33140	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	SYNERGY HOLDINGS	755 41ST ST MIAMI BEACH FL 33140	<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

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

Dated

7/26

2010

Signature of a member or authorized representative of a member

LINO FIGUEROA

Typed or printed name of signee