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J. BRYAN

JAN - 8 2009

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Christian B-Debt Free 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:
Tames Bouserman Name of Person Christian B-Dehtfree Lucy Andrew Firm/Company 1500 ND 4th St Address Box A Caton FL 33486 City/State and Zip Code Tim bauser & yahoo, Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Bouseman at 561, 929 28/6 Name of Person at 561, 929 28/6 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\Bigsquare{1}\$\$25.00 Filing Fee \text{Solonon}\$\$ Certificate of Status \text{Certified Copy} (additional copy is enclosed) \$\$\$ Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TÒ:

Registration Section

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

	15tian B-Debt	re uc
(Name of the Limited Liabilit (A Florida	y Company as it now appears of Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liability of Florida document number		2 - 18 - 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company,"	'the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		≥m ≥ n
(Principal office address MUST BE A STREET ADD	RESS)	TARY ASSE
Enter new mailing address, if applicable:		PH 1:29 OF STATE E. FLORID
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:		····
	Enter Florida street address	
	<i>a</i> .	, Florida
	City	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.

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 <u>Address</u> **Type of Action** Remove AS MERM 33442-00US □ Add Remove ADD AS MGR ADD MONE OBRIEN MGR Add Remove □Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member Dausuman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00