

L10000003997

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

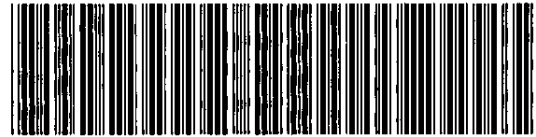
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200181308882

05/28/10--01021--010 **25.00

FILED
10 MAY 28 PM 12:22
TALAHASSEE, FLORIDA
SECRETARY OF STATE

S. HAWKES
JUN 01 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Credit Advocates, 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:

Scott Silver, Esq.
Name of Person

Credit Advocates, LLC
Firm/Company

1551 Sawgrass Corporate Pkwy
Address

Sunrise, FL 33323
City/State and Zip Code

SSilver@FL-DEBT.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Silver at (954) 727-7787
Name of Person Area Code & Daytime Telephone Number

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**

Credit Advocates, 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 01/12/2010 and assigned
Florida document number L10000003997.

This amendment is submitted to amend the following:

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

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)

1551 Sawgrass Corporate Pkwy

Sunrise, FL 33323

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1551 Sawgrass Corporate Pkwy

Sunrise, FL 33323

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:

Scott Silver, Esq.

New Registered Office Address:

1551 Sawgrass Corporate Pkwy

Enter Florida street address

Sunrise

, Florida

33323

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.

[Signature]
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 | David Prince PA | 1551 Sawgrass Corp Pkwy #440 Sunrise, FL 33323 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | Scott Silver, PL | 1551 Sawgrass Corporate Pkwy Sunrise, FL 33323 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | David A. Phillips, PL | 1551 Sawgrass Corporate Pkwy Sunrise, FL 33323 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

FILED
MAY 28 PM 12:22
TALLAHASSEE, FLORIDA

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

Dated May 27, 2010


Signature of a member or authorized representative of a member

Scott Silver

Typed or printed name of signee