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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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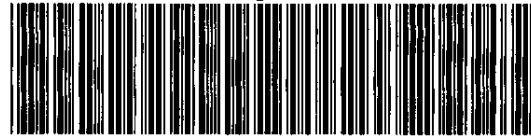
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DIVISION OF CORPORATIONS  
10 SEP 28 PM 4 55

B. KOHR

SEP 30 2010

EXAMINER



## CREDIT ADVOCATES

A LAW FIRM

September 27, 2010

***Via Federal Express***

Florida Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 28 PM 4:55

Dear Division of Corporations Representative:

Please see the enclosed Articles of Amendment to Articles of Organization of Credit Advocates, LLC along with two (2) Applications for Registration of Fictitious Names.

Should your Office have any questions regarding the enclosed, please do not hesitate to contact me directly at 954-727-7787 ext. 201.

Sincerely,

Scott Silver, Esq.  
For the Firm

David L. Prince, Esq.  
Member of Florida,  
Colorado and D.C. Bar

Leborah Baker, Esq.  
Member of Florida,  
New York and California Bar

Scott Silver, Esq.  
Member of Florida Bar

## 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, Suite 440

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

Name of Person

at ( 954 )

727-7787

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

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DIVISION OF CORPORATIONS  
10 SEP 28 PM 4:55

**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)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 SEP 28 PM 4:55

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:**

**Credit Advocates A Law Firm, 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 registered agent and/or the new registered office address here:**

Name of New Registered Agent:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, **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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
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		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

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

\_\_\_\_\_

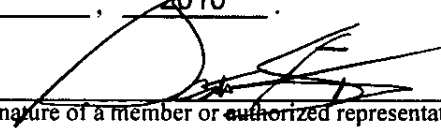
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\_\_\_\_\_

\_\_\_\_\_

Dated September 27, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Scott Silver

\_\_\_\_\_  
Typed or printed name of signee