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D. BRUCE

JAN 1 3 2012

EXAMINER

COVER LETTER

TO: Registration Division of C			,	
SUBJECT:	INTERNATIONAL F	PRINCIPAL SYSTE	EMS LLC	
	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sul	_		
		Gabriel Bahash		
		Name of Person		
	INTERNATIO	NAL PRINCIPAL SYS	STEMS LLC	
		Firm/Company		
		PO Box 3113		
		Address		
	Во	ynton Beach FL 3342	24 ==	
		City/State and Zip Code		
		gabeucf@yahoo.com to be used for future annual repo	ort notification)	****
	E-mail address: (to be used for future annual repo	ort notification)	
For further information	concerning this matter, please	call:	[12]/	m
G	abriel Bahash	at (561)		$\ddot{\Box}$
	of Person		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 en	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	sed)
	LING ADDRESS:	STREET/C	COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

INTERNATIONA (Name of the Limited Liabil (A Florid	L PRING Lity Compar da Limited L	CIPAL SYSTEMS iv as it now appears on our iability Company)	LLC r records.)			
The Articles of Organization for this Limited Liability Florida document number		were filed on03/	10/2010	and assig	gned	
This amendment is submitted to amend the following	:					
A. If amending name, enter the new name of the li	<u>imited liabi</u>	lity company here:				
Family Debt Counseling LLC						
The new name must be distinguishable and end with the v "L.L.C."	words "Limit	ed Liability Company," the	designation '	"LLC" or the ab	breviatio	
Enter new principal offices address, if applicable:		2255 Glades Road	1			
(Principal office address MUST BE A STREET ADDRESS)		Suite 324A		,		
		Boca Raton FL 334	31	E N		
Enter new mailing address, if applicable:		2255 Glades Rd		JAN-9 A		
(Mailing address MAY BE A POST OFFICE BOX)		Suite 324A		70 =		
B. If amending the registered agent and/or reg registered agent and/or the new registered office a				1 87 DRIEGO	the nev	
Name of New Registered Agent:		briel G B				
New Registered Office Address:	2255	Glades Rd	Suit	e 324A		
	Enter Florida street address					
<u> </u>	Boca	Raton City	_, Florida _	33431		
		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 = Ma MGRM = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	 		□ Domovo
			Add Remove
			Add Remove
			AddRemove
			AddRemove
D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets, if r	necessary.)
			12 JAN-9 MIII:
Dated	January 5th	<u>, 2012</u> .	897 100 _A
		AM & Belle	
	Signature	e of a member or authorized representative of a member	···········
		Gabriel G Bahash Typed or printed name of signee	
		ryped or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00