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SECRETARY OF STATE

T. HAMPTON

JUN - 8 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Center for Consumer Debt Reform, LC 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:			
Anajai Rosacio Name of Person			
Center for Consumer Debt Reform, LCC Firm/Company			
11300 1010 St. Dorth, Suite 118			
Hourgo, FL 33773 City/State and Zip Code			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Misty Agel at (18) 544-8575 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$\ \times \t			

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 ARTICLES OF ORGANIZATION **OF**

Center for Consumer Debt R (Name of the Limited Liability Company (A Florida Limited Lia	efor LC as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Liability Company w	_	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ty company here:	
The new name must be distinguishable and end with the words "Limited" L.L.C."	d Liability Company," the designation "LLC"	or the abbreviation
Enter new principal offices address, if applicable:		SE SEVICE
(Principal office address MUST BE A STREET ADDRESS)		SIONE ONE
		1 73
Enter new mailing address, if applicable:		EU OF ST ORPOR
(Mailing address MAY BE A POST OFFICE BOX)		ATTE SE
-		<u> </u>
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the r	name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	/, Florida City Zi	ip Code
New Registered Agent's Signature, if changing Registered Agent:	ony Li	POOUL

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 **Type of Action Name Address** MGRH Bruce Carroll ☐ Add ☐ Remove Remove ∏Add Remove \square Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee