# L'10000027407

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EXAMINER

#### COVER LETTER.

Division of Corp			·. ••			
CIDECT.	FIRSTWAY DEI	BT SOLUTIONS, LLC				
SUBJECT:	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:						
	Ja	nmes M. Painter, Esq.				
		1				
	Ja	imes M. Painter, P.A. Firm/Company				
		, ,	_			
	1300 Norti	h Federal Highway, Suite 110 Address	<u> </u>			
Boca Raton, Florida 33432-2848  City/State and Zip Code						
JMPLLCP@AOL.COM						
	E-mail address: (t	o be used for future annual report notificat	lion)			
For further information co	oncerning this matter, please ca	all:				
	M. Painter, Esq.	& (	68-7775			
Name of	Person	Area Code & Daytime T	elephone Number			
Enclosed is a check for th	e 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)			

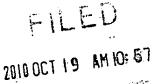
### MAILING ADDRESS:

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



FIRSTWAY DEBT SOLUTIONS, LLC (Name of the Limited Liability Company as it now appears on our records ALEARA (A Florida Limited Liability Company) March 11, 2010 The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned L10000027407 Florida document number \_\_\_\_\_ 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) 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

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 = Mar MGRM = M	nager Ianaging Member		
Title	<u>Name</u>	Address	Type of Action
MGR	Gabriela Cano	301 Yamato Road, Suite 1240 Boca Raton, Elorida 33431	Add  Remove
MGR	Shawn Davis	7491 North Federal Highway, Suite C Boca Raton, Florida 33487	2-5
<del></del>			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, ento	er change(s) here: (Attach additional sheets, if necessary,	.) 
			ZIN OCT 19
Dated	September 21	2010	SSEET
	Signature of	a member or authorized representative of a member	A D. ST
		Shawn Davis, MGR Typed or printed name of signce	32*

Page 2 of 2

Filing Fee: \$25.00