

LI 0000 90385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

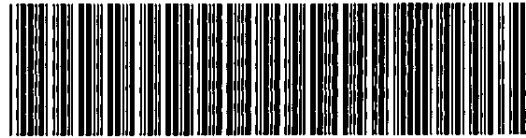
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100208622061

06/13/11--01021--017 **25.00

2011 JUN 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JUN 14 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Consumer Credit Defense Group, 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 WOSTBROCK
Name of Person

Consumer Credit Defense Group, LLC
Firm/Company

6411 US 19 N
Address

New Port Richy, FL 34652
City/State and Zip Code

SCOTTW@VISTAMKTG.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SCOTT WOSTBROCK at (727) 232-8500
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

2011 JUN 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Consumer Credit Defense Group, 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 8/26/2010 and assigned Florida document number 210000090385.

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)

6411 US19N

New Port Richey, FL 34652

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6411 US19N

New Port Richey, FL 34652

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 WOSTBROCK

New Registered Office Address:

6411 US19N

Enter Florida street address

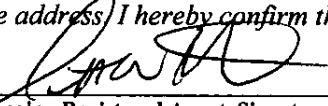
New Port Richey, Florida 34652

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

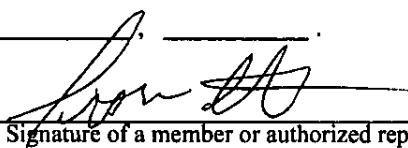
Title	Name	Address	Type of Action
MGRm	Joseph A. Montalbano	1910 Paw Paw Place TRINITY, FL 34655	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRm	SCOTT WOSTBROCK	644 AL19N new Port Richey	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2011 JUN 13 PM 1:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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

Dated 6/1/2011


 Signature of a member or authorized representative of a member
SCOTT WOSTBROCK
 Typed or printed name of signee