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## **COVER LETTER**

O: Registration S Division of Co		
BALAN SUBJECT:	CED BUDGET HOUSEHOLD	FINANCE CONSULTANTS, LLC
	Name of Limited Liab	ility Company
ne enclosed Articles o	f Amendment and fee(s) are submitted f	or filing.
lease return all corresp	ondence concerning this matter to the fo	ollowing:
	A T YOUNG	
	N	ame of Person
	YOUNG DELOA	ACH, PLLC
	F	irm/Company
	1115 E LIVINGS	STON ST
		Address
	ORLANDO, FL	32803
	City/S	tate and Zip Code
	E-mail address: (to be use	d for future annual report notification)
For further information	concerning this matter, please call:	
A T YOUN	G	at (407)422-4000  Area Code & Daytime Telephone Number
Name	of Person	Area Code & Daytime Telephone Number

MAILING ADDRESS:

□\$30.00 Filing Fee & Certificate of Status

□ \$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee, Certificate of Status &

Certified Copy (additional copy is enclosed)

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

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number \_\_\_\_\_\_ L \_\_ 100000 4065 \( \sigma \) 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:

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

Page 1 of 3

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 **Type of Action** <u>Title</u> <u>Address</u> <u>Name</u> Marie Hylton 7 North Hilside Avenue 3208 East Colonial Dr. Remove Orlando, 7/ 32803 Remove Remove Remove Remove

	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) .
	2 1
:d	8 Car. 2013.
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00