

L10000105812

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TALLAHASSEE, FLORIDA

T. CLINE

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EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NATIONAL CREDIT REPAIR SOFTWARE, 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:

DOUGLAS MUIR
Name of Person
NATIONAL CREDIT REPAIR SOFTWARE, LLC
Firm/Company
234 OCEANWAY AVE
Address
JACKSONVILLE/FLORIDA, 32218
City/State and Zip Code
DMUIR@MUIRANDASSOCIATES.NET
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DOUGLAS MUIR at (**904**) **583-3123**
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE FLORIDA

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

National Credit Repair Processing

For all your back end needs

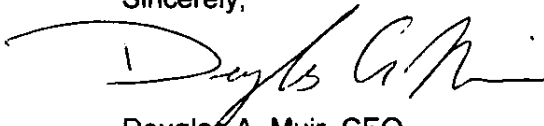
234 Oceanway Ave
Jacksonville, FL 32218
Office: 904-757-0880

Florida Department of State
Division of corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern:

Please accept this \$60 check and attached application to change the name of our company.
Feel free to contact me at the number above.

Sincerely,



Douglas A. Muir, CEO

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TALLAHASSEE, FLORIDA

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

NATIONAL CREDIT REPAIR SOFTWARE, 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 10/11/2010 and assigned Florida document number L10000105812.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

NATIONAL CREDIT REPAIR PROCESSING, LLC

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)

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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

_____, **Florida**
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:

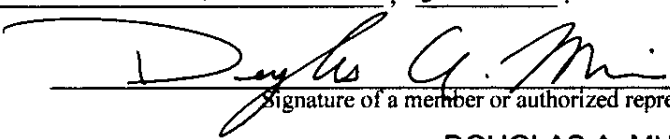
**MGR = Manager
MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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 TALLAHASSEE FLORIDA

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

Dated October 20, 2010.



Signature of a member or authorized representative of a member

DOUGLAS A. MUIR

Typed or printed name of signee