

L10000111338

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2010 NOV 22 AM 7:25
TALLAHASSEE, FLORIDA

C. LEWIS

NOV 23, 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 19, 2010

PERMITTING DEPARTMENT
MASQUALITY SERVICES
8535 SW 152 AVE SUITE 208
MIAMI, FL 33193

SUBJECT: CREDIT SOLUTIONS OF SOUTH FLORIDA LLC
Ref. Number: L10000111338

We have received your document for CREDIT SOLUTIONS OF SOUTH FLORIDA LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 410A00027254

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Credit Solution of South Florida 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:

Permitting Department
Name of Person
MasQuality Services
Firm/Company
8535 SW 152 Ave Suite 208
Address
Miami, FL 33193
City/State and Zip Code
MasQualityServices@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Permitting Department at (786) 229-4300
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

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

Credit Solutions of South Florida 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 10/24/2010 and assigned
Florida document number L10000111338.

This amendment is submitted to amend the following:

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

Doctor Credit Solutions 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)

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

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
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			<input type="checkbox"/> Remove

FALLA ASS

11/10/2010.

[Handwritten signature]

Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member
Frank A Valdez Cabrera

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FALLMANNSEE, LOROU

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