

L10000114681

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TALLAHASSEE, FLORIDA

2011 MAR 29 PM 4:47

J. SAULSBERRY
EXAMINER

MAR 30 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: DEBT COLLEX, 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:

JEFFREY STALEY

Name of Person

METHODIC ENTERPRISES, LLC

Firm/Company

100 E LINTON BLVD STE 156A

Address

DELRAY BEACH, FL 33483

City/State and Zip Code

JEFF@METHODICENTERPRISES.COM

E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

JEFFREY STALEY

Name of Person

at (561)

312-6139

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**

DEBT COLLEX, 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 NOVEMBER 3, 2010 and assigned Florida document number L10000114681.

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)

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TALLAHASSEE, FLORIDA

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:

NRAI SERVICES, INC

New Registered Office Address:

515 EAST PARK AVENUE

Enter Florida street address

TALLAHASSEE

Florida

32301

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.

By: Xonda Diven, Assistant Secretary
NRAI SERVICES, INC.
If Changing Registered Agent, Signature of New Registered Agent
Xonda Diven, Assistant Secretary

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	JEFFREY STALEY ENT.	1730 S FEDERAL HWY NO 249 DELRAY BEACH, FL 33483	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	METHODIC ENTERPRISES, LLC	100 E LINTON BLVD STE #156A DELRAY BEACH, FL 33483	<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

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

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TALLAHASSEE, FLORIDA

Dated MARCH 25, 2011.



Signature of a member or authorized representative of a member
JEFFREY STALEY

Typed or printed name of signee