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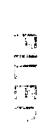
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J. SAULSBERRY EXAMINER MAR 3 0 2011

COVER LETTER

	ation Section , n of Corporations				
SUBJECT:	DEBT	COLLEX, LLC			
Sobsect.		nited Liability Company	_		
The enclosed Ar	ticles of Amendment and fee(s) are su	ubmitted for filing.			
Please return all	correspondence concerning this matte	er to the following:			
	JEFFREY STALEY		 -		
		Name of Person	ÄE	201	
METHOD		ODIC ENTERPRISES, LLC	AR HE	X	San Colombia
Firm/Company		ASSE	2011 HAR 29	Car annual	
100 E LINTON BLVD STE 156A					
Address		OF STATE E. FLORIDI	PM 4:47	1	
	DELRAY BEACH, FL 33483				
		City/State and Zip Code			
	JEFF@ME	THODICENTERPRISES.COM	-		
For further infor	E-mail address: (nation concerning this matter, please of	(to be used for future annual report notification) call:			
	JEFFREY STALEY	at (561) 312-6139			
	Name of Person	Area Code & Daytime Telephone Numb	er	•	
Enclosed is a che	ck for the following amount:				
▼ \$25.00 Filing	Fee \$\sum \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certifie	filing Fee cate of St ed Copy onal copy	atus &	losed)
	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			
(<u>Name of the Limited</u> (A	DEBT COLLEX, LLC Liability Company as it now app Florida Limited Liability Compan	y)		
The Articles of Organization for this Limited Li Florida document number L10000114		NOVEMBER 3, 20	10 and assigned	
Florida document number				
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :		
The new name must be distinguishable and end wit	h the words "Limited Liability Co	npany," the designation "	LLC" or the abbreviation	
"L.L.C."	,,,	; ; ;	22	
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	<u>TADDRESS)</u>		R III	
			<u>3</u>	
Enter new mailing address, if applicable:	_			
(Mailing address MAY BE A POST OFFICE)	<u></u>		5 5	
B. If amending the registered agent and/or the new registered of	~	n our records, enter	the name of the nev	
registered agent and/or the new registered of	nce audress nere:			
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.

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** Address <u>Title</u> <u>Name</u> JEFFREY STALEY ENT. MGRM 1730 S FEDERAL HWY NO 249 ☐ Add DELRAY BEACH, FL 33483 √ Remove METHODIC ENTERPRISES, LLC 100 E LINTON BLVD STE #156A MGRM √ Add DELRAY BEACH, FL 33483 Remove ☐ Add □ Remove Add Remove ∏Add ☐Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) MARCH 25 2011 Signature of a member or authorized representative of a member JEFFREY STALEY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00