

L110000004230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAR 15 2017  
S. YOUNG

FILED STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
17 MAR 14 PM 3:01

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Corporate Debt Advisors 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:

Michele Sharpe  
Name of Person

Corporate Debt Advisors, LLC  
Firm/Company

7601 N Federal Hwy #250B  
Address

Boca Raton, FL 33487  
City/State and Zip Code

msharpe@corporatedebtadvisors.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michele Sharpe at (954) 914-9241  
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

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TALLAHASSEE, FL 32301  
DIVISION OF CORPORATIONS  
STATE OF FLORIDA

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

Corporate Debt Advisors, 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 1-11-2011 and assigned Florida document number L11000004230.

This amendment is submitted to amend the following:

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

Sharpe Processing & Consulting LLC

The new name must be distinguishable and contain 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)

12629 85<sup>th</sup> Rd N  
WPB, FL 33412

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12629 85<sup>th</sup> Rd N  
WPB, FL 33412

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CLERK OF COURT  
STATE OF FLORIDA  
TALLAHASSEE

**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:

Michele Sharpe

New Registered Office Address:

12629 85<sup>th</sup> Rd N

Enter Florida street address

Boca Raton

City

Florida 33487

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager  
AMBR = Authorized 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"/> Change
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ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

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

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b). The 90th day after the record is filed.

Dated

313

2017

ated 3-13-2017  
Whitney C.  
Signature of a member or authorized representative

Michele Sharpe

Typed or printed name of signee

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