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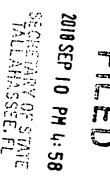
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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#### **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		EDOM USA, LLC		
SOBSECT.		Name of Lim	ited Liability Company	
The enclosed	l Articles of <i>i</i>	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspon	ndence concerning this matter	to the following:	
		JUAN CARLOS GUILBE		
			Name of Person	·
		DEBT FREEDOM USA, I	LLC	
			Firm/Company	
		5575 S SEMORAN Blvd		
			Address	
		ORLANDO, FL 32822		
			City/State and Zip Code	
		jcguilbe@me.com		
		E-mail address: (	to be used for future annual report r	notification)
For further in	nformation co	oncerning this matter, please ca	all:	
JUAN CAR	LOS GUILB	Е	407 at ()	
	Name of	Person	Area Code Day	time Telephone Number
Enclosed is a	check for th	e following amount:		
■ \$25.00 F	iling 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)
	<b>37 A I I I</b>	NC ADDRESS.	etherical	idted anadess.

MAILING ADDRESS:

TO:

Registration Section

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

## FILED

2018 SEP 10 PM 4: 58

DEBT FREEDOM USA, LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records.) TALLAHASSEE, FL (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on FLORIDA \_\_\_ and assigned Florida document number \_L11000036149 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5575 S Semoran Blvd Enter new principal offices address, if applicable: ORLANDO, FL 32822 (Principal office address MUST BE A STREET ADDRESS) 5575 S Semoran Blvd Enter new mailing address, if applicable: ORLANDO, FL 32822 (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: JUAN CARLOS GUILBE Name of New Registered Agent: 5575 S Semoran Blvd New Registered Office Address:

#### 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.

City

ORLANDO

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

\_\_\_\_\_, Florida 32822

. 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>	Address	Type of Action
MGRM	JUAN CARLOS GUILBE	1528 Majestic Oak Dr APOPKA, FL 32712	
			□ Remove
			Change
MGRM	RAFAEL MATOS		
		41936 Yellow Fin Trail Orlando, FL 32819	■ Remove
			☐ Change
MGR	INGRID SOSA		Add
		11936 Yellow Fin Trail Orlando, FL 32819	■ Remove
			□ Change
			☐ Remove
			Change
			Add
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fective date, if other than the d	N/A ate of filing:	(n	ptional)
in effective date is listed, the date must bote: If the date inserted in this bloc	be specific and cannot be prior to	late of filing or more than 90 days a	after filing.) Pursuant to 605.020
ocument's effective date on the Dep	artment of State's records.	e statutory filling requirements,	this date will not be fisted as
record specifies a delayed	effective date, but not a	n effective time, at 12:0	1 a.m. on the earlier o
The 90th day after the recor	a is filea.		
SEPTEMBER 8	2018		
ated	·	· h /	
		. XX	
<del></del>	ignature of a member or authoriz	ed representative of a member	
JUAN CARLOS GUILBI	;	1	

Page 3 of 3

Filing Fee: \$25.00