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Office Use Only



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## **COVER LETTER**

	legistration Se Division of Cor		-: -:	·		
cuin ir ca		AGE DEBT SERVICES LLC				
SUBJECT	F:Name of Limited Liability Company					
The enclos	sed Articles of	Amendment and fee(s) are subn	nitted for filing.			
Please retu	ım all correspo	ndence concerning this matter to	o the following:			
		Sharon Sykes				
			Name of Person	·· <del>·····</del>		
		ADVANTAGE DEBT SER	VICES LLC			
			Firm/Company			
·		7717 115th Ave E				
•	- Address					
		Parrish, FL 34219				
			City/State and Zip Code	<del></del>		
		kristi.indermark@gmail.com	ı			
		E-mail address: (to	be used for future annual report notif	ication)		
For furthe	r information c	oncerning this matter, please cal	II:			
Sharon Sy	/kes		941 807-1771 at ( )			
	Name o	f Person	at () Area Code Daytime	Telephone Number		
Enclosed i	s a check for th	ne 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:

TO:

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

ADVANTAGE DEBT SERVICES LLC		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L12000071645	y were filed on May 29, 2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Liah	ility Company," the designation "LLC" or th	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u></u>
Principal office address MUST BE A STREET ADDRESS)		
		<b>8</b> VISS
		<b></b>
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<b>₹</b> %€
		9 A
		9.4 10.1
<ol> <li>If amending the registered agent and/or registered of registered agent and/or the new registered office address he</li> </ol>		ter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	. Florida	1
	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 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, <u>enter the title, name, and address of each person\_being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Sharon Sykes	80 Burgundy Drive Highlands Ranch CO 80126	Add
		<del></del>	≅ Remove
			Change
MGR	Tracy Leffler	18971 Duquesne Drive Tampa FL 33647	□ Add
		<del></del>	■ Remove
-			☐ Change
MGR	Kristi Indermark	7717 115th Ave E Parrish FL 34219	Add
			□ Remove
			☐ Change
<del></del>			Add
		<del></del>	□ Remove
			Change
	<del></del>		Add
			☐ Remove
			☐ Change
			□ Add
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			Change

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ective date, if other than	he date of filing:	(optional)
effective date is listed, the date	nust be specific and cannot be prior to date of filing or more tha	in 90 days after filing.) Pursuant to 605.020
	block does not meet the applicable statutory filing requ Department of State's records.	arements, this date with not be listed a
record specifies a dela he 90th day after the i	ed effective date, but not an effective time,	at 12:01 a.m. on the earlier
ne sour day area ene i	cord is med.	
ed	2018	
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	- har - Uyler	<del></del>

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Typed or printed name of signee

Filing Fee: \$25.00