*L12000155459

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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MIS APR 15 PH 2: 51

SECHETARY OF STATE

K.SALY EXAMINER APR 29 2015

COVER LETTER

TO:	Registration Se Division of Cor			·
CUDI		k & Caiden, LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Chancelor		
			Name of Person	
		Ashbrook & Caiden,	LLC	•
			Firm/Company	
	2332 Galiano Street, Second Floor			
			Address	
		Coral Gables, FL 33	134	
		unstoppable1@me.c	City/State and Zip Code Om	
		E-mail address: (to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please co	all:	
Cha	ncelor		954 417-3000	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	ne following amount:		
■ \$2	5.00 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



TO ARTICLES OF ORGANIZATION OF

FILED	
LUIS APR 15 DU	
SECRETARY OF STATE	,

Ashbrook & Caiden, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(71 Florida Ellinted E	sideling company,	OCE, FLORIO
The Articles of Organization for this Limited Liability Company L12000155459 Florida document number	were filed on	and assigned
Florida document number		
This amendment is submitted to amend the following:		·
A. If amending name, enter the new name of the limited liab EnforcePay Garnishment Bureau, LLC	ility company here:	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2332 Galiano Street	
(Principal office address MUST BE A STREET ADDRESS)	Second Floor	
Timepul Office damess MOST BE A STREET ADDRESS)	Coral Gables, FL 33134	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:		enter the name of the new
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address	
	Flor	ida
	, 1 101	ida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:	·	Zip Code

If Changing Registered Agent, Signature of New Registered Agent

Authorized Member being added or removed from our records: FILED MGR = Manager 2015 APR 15 PM 2:56 AMBR = Authorized Member <u>Title</u> **Type of Action** Name **Address** FALLAHASSEE, FLORID. ☐ Remove _□ Add _____ 🖸 Remove __ 🗆 Add __ Remove _□ Add _□ Remove _ 🗆 Add _ Remove _□ Add ☐ Remove

•	
(The	ective date, if other than the date of filing: 04/27/2015 (optional) effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after date this document is filed by the Florida Department of State)
Date	
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00

2015 APR 15 PH 2: 56