# 

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(Ad	ldress)	<u>.</u>
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K.SALY EXAMINER NOV - 6 2013

# **COVER LETTER**

SUBJECT: Consumer HJS1Stance HJS0ciates LL-C.  Name of Limited Liability Company
The enclosed Articles of Amendment and fce(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Stephen Reynolds Namy of Person
Consumer Assistance Associates LLC Firm/Company
20500 West. Country Club Dr. # 110
Aventura FL. 33180 City/State and Zip Code
BHASSEBERG2 & 6 mail. Com E-mail address: (to be used for future annual report.)
For further information concerning this matter, please call:
Stephen Reynolds at (954) 864-8690  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Scrifficate of Status Scriffied Copy (additional copy is enclosed)

# MAILING ADDRESS:

Registration Section

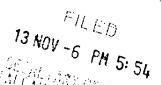
Division of Corporations

ŢO:

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



CONSUMER ASSISTANCE ASSOCIATES LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	在)持
The Articles of Organization for this Limited Liability Company were filed on 9-4-13 and assigned	

This amendment is submitted to amend the following:

The new name must be distinguishable and end with 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 AD	DRESS)	
Enter new mailing address, if applicable:		
• • •		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, Florida
	City <sup>,</sup>	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.

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Man MGRM = M	lager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Stephen Reynolds	97 SW 3rd Street	Add
	•	97 SW 3rd Street Pompano Beach FL.	Remove
		33060	
			Add
			Remove
			_
			Add
			Remove
			_
			_ Add
			Remove
			_
			_ Add
·			Remove
			_
			_ Add
			Remove

9-4-13
Steighen Roynold
Signature of a member or authorized representative of a member  5+enhen Reynolds

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Filing Fee: \$25.00