

L14000039397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

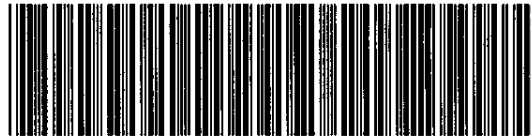
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch JUN 10 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Active Debt SOLUTIONS, 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:

Kathenne McGrath

Name of Person

Firm/Company

260 SW Matura Avenue

Address

Deerfield Beach, FL 33441

City/State and Zip Code

K. McGrath@bergelawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathenne McGrath

Name of Person

at (954) 242-9841

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)

*already
paid for amendment
on or about 5/17/14

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 27, 2014

KATHERINE MCGRATH
260 SW NATURA AVE.
DEERFIELD BEACH, FL 33441

SUBJECT: ACTIVE DEBT SOLUTIONS LLC
Ref. Number: L14000039397

We have received your document for ACTIVE DEBT SOLUTIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 314A00011361

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

Active Debt Solutions, 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 3/7/2014 and assigned
Florida document number L14000039397

This amendment is submitted to amend the following:

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

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 ADDRESS)

260 SW NATURA AVENUE
DEERFIELD BEACH, FL 33441

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

260 SW NATURA AVENUE
DEERFIELD BEACH, FL 33441

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:

Jeremy Markus

New Registered Office Address:

260 SW NATURA AVENUE

Enter Florida street address

DEERFIELD BEACH, Florida 33441

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Jeremy Marcus	260 SW Natural Avenue	<input checked="" type="checkbox"/> Add
		Deerfield Beach, FL	<input type="checkbox"/> Remove
		33441	
MGR	Oliver Briggs, Esq.	2242 Greenway	<input type="checkbox"/> Add
		255 Evernia St., #502	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33401	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 5/27/14

Otto Berges

Signature of a member or authorized representative of a member

Otto Berges

Typed or printed name of officer

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA