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L14000048648

Florida Department of State
Division of Corporations
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Fax Number : (850) 617-6383

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Account Number : I20070000160
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DEBT MEDIATION SOLUTIONS LLC

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APR 16 2013

T. HAMPTON

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

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DEBT MEDIATION 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 03/25/2014Florida document number L14000048648

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)9310 OLD KINGS ROAD S, STE 1801JACKSONVILLE, FLORIDA 32257

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)9310 OLD KINGS ROAD S, STE 1801JACKSONVILLE, FLORIDA 32257**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:**

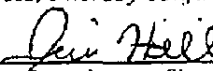
Name of New Registered Agent:

JENI HALL

New Registered Office Address:

9310 OLD KINGS ROAD S, STE 1801Enter Florida street addressJACKSONVILLECityFlorida 32257Zip 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

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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: H14000090424 3

H140000904243

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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☐ Remove
☐ Add
☐ Remove

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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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AUTHORIZED PERSON ADDRESSES SHOULD BE UPDATED TO:

LESLIE SHUMAN, 9310 OLD KINGS ROAD S, STE 1801, JACKSONVILLE, FL 32257

JENI HALL, 9310 OLD KINGS ROAD S, STE 1801, JACKSONVILLE, FL 32257

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 APRIL 14TH 2014



Signature of a member or authorized representative of a member

JENI HALL

Typed or printed name of signee

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