## 117000174658

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





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ARTE ARASSEE, FLORIDA

AUG 2.5 2018
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## **COVER LETTER**

TO:		ration Sect n of Corpo				
		EBT.US L	LC			
SUBJECT:Name of Limited Liability Company						
The e	nclosed Ai	rticles of Ar	mendment and fee(s) are sub-	mitted for filing.		
Pleas	e return all	correspond	dence concerning this matter	to the following:		
			Clyde Snodgrass			
				Name of Person		
			<del> </del>	Firm/Company	<del></del>	
			301 Harbour Place Drive	e, Unit 411		
			Tampa, FL 33602	Address		
			info@idebt.us	City/State and Zip Code	<del></del>	
			E-mail address: (	to be used for future annual report	notification)	
For fi	arther info	rmation con	cerning this matter, please ca	all:		
Clyd	e Snodgra	ass		813 347-659	33	
		Name of F	erson	Area Code Da	ytime Telephone Number	
Enclo	osed is a ch	eck for the	following amount:			
<b>□</b> \$	25.00 Filir	ng 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:

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**

IDEBT.US LLC		
(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Comp	appears on our records.) pany)
The Articles of Organization for this Limited I Plorida document number L17000174658	Liability Company were filed o	on 8/16/2018 and assigned
his amendment is submitted to amend the fol	lowing:	
. If amending name, enter the new name of	of the limited liability compa	ny here:
Flat Rate Forms LLC		
he new name must be distinguishable and contain the	words "Limited Liability Company,	<del></del>
Inter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STRE.	ET ADDRESS)	मा हा म
		<u> </u>
nter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE		AMIL: 36
		W. 27
3. If amending the registered agent and egistered agent and/or the new registered of	office address here:	ss on our records, enter the name of the
Name of New Registered Agent:	Clyde Snodgrass	
New Registered Office Address:	500 East Kennedy Bouler	vard, 3rd Floor
	Tampa	. Florida 33602

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Clyde Snodgrass	301 Harbour Place Drive, #411 Tampa FL 33602	Add
			☐ Remove
MGR	Chris Pits	301 Harbour Place Drive, #411 Tampa FL 33602	Add
			☐ Remove
			Change
			Add  18 Amov 19 20, 19 Amov 19 20, 19 Amov 19
			SSE 20 Change
	<u></u>		SSEH, FLORIDA  Remove
			Change
<del></del>			Add
			☐ Remove
			Change
			Add
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•		8/15/2	018	-	-: ¥	
(If an ef <u>Note:</u>	tive date, if other than the da fective date is listed, the date must be. If the date inserted in this block ment's effective date on the Depa	specific and cannot be does not meet the a	pplicable statutory	g or more than 90 days a	ptional) fter filing.) Pursuant to 605 this date will not be list	5.0207 (3)( ed as the
f the re b) The	cord specifies a delayed e e 90th day after the record	ffective date, bu d is filed.	t not an effect	ive time, at 12:0	1 a.m. on the earli	er of:
Dated	August 15th	2018				

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Typed or printed name of signee

Filing Fee: \$25.00