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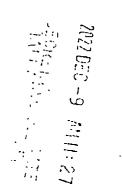
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## **COVER LETTER**

TO: * Registration Se Division of Cor		•	•	
	America LLC	•	÷	
SUBJECT:				
3000CT.		nited Liability Company	<del></del>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Travis Seybold			
		Name of Person	<del></del>	
	Debt Zero America LLC			
		Firm/Company	<del></del>	
	4907 N Florida Ave		25.5 20.5 20.747	٠,
		Address		コロフ
	Tampa FL 33603			r D
	manager@simplicityfundin	City/State and Zip Code g.com	1974 1974	
	E-mail address: (	to be used for future annual report notif		ر.• لـــــ
For further information c	oncerning this matter, please o	all:		
Travis Seybold		813 9479012		
	•••	at ()	Telephone Number	
Name o	f Person	Area Code Daytime	Telephone Number	
Enclosed is a check for the	he 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	
Mailing Addres Registration S		Street Address:	tion	
Division of C		Registration Sec Division of Corp		
P.O. Box 632		The Centre of Ta		
Tallahassee, I			Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Debt Zero America LLC

( <u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appears on ability Company)	our records.)	<del></del>
The Articles of Organization for this Limited Liability Company vi Florida document number L22000239418	were filed on		and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designa	ation "LLC" or the abbrevi	ation "L.IC,"
Enter new principal offices address, if applicable:			_ <u>~</u> 2
(Principal office address MUST BE A STREET ADDRESS)			022
			0.30
			19
Enter new mailing address, if applicable:		<u>, , , , , , , , , , , , , , , , , , , </u>	er ange
(Mailing address MAY BE A POST OFFICE BOX)		ار	
		<u> </u>	; 2
B. If amending the registered agent and/or registered office adapted and/or the new registered office address here:  Name of New Registered Agent:	idress on our record	ds, enter the name of	the new register
New Registered Office Address:	Enter Florida st	reet address	
		Florida	
	City		ip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my a rovided for in Chap	luties, and I am famil ter 605, F.S. Or, if th	liar with and is document is

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 add or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Travis Seybold	4907 N Florida Ave Tampa FL 33603	©√dd
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<u>te:</u> If the date inserted rument's effective date	in this block does not to on the Department of S	neet the applicable sta State's records.	tutory filing requiremen	nts, this date will	not be listed
cord specifies a delaye s filed.	d effective date, but not	an effective time, at 1	2:01 a.m. on the earlier	r of: (b) The 90t	h day after
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