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JUN 14 2024

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Tallahassee, FL 32314

COVER LETTER

TO: Registration Division of C			
SOLVEI SUBJECT:	DEBT LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles	of Amendment and fec(s) are sub	omitted for filing.	
Please return all corres	spondence concerning this matter	to the following:	
	LOVETTE DOBSON		
	•	Name of Person	
		Firm/Company	
	17350 STATE HWY 249	STE 220	
		Address	- 11
	HOUSTON, TX 77064		
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LOVETTE DOBSON		1 888-462-34	
Name	e of Person	at () Area Code Dayrin	ne 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)
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
Division of P.O. Box 63	Corporations 327	Division of Cor The Centre of T	rporations

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

6/13/2024 13:15:14 CDT

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Page: 3/5

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED
CU24 .// III .
TALLAHASSIL, FLORIDA
FLORIDA

SOLVEDEBT 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 Cor Florida document number L22000477552	mpany were filed	on11/07/2022	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability compr	iny here:	
DEBT MARKETING CONSULTANTS LLC			
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	:SS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Tr. Deriv			······································
B. If amending the registered agent and/or registered cagent and/or the new registered office address here:	office address on	our records, enter t	the name of the new registered
agent and/or the new regimered office addressy here.			
Name of New Registered Agent:			
 			
New Registered Office Address:	En	ter Florida street address	;
		Elo	arido
	Cuy	, 110	orida Zip Code
New Registered Agent's Signature, if changing Registered a	Agent:		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	mplete performar ent as provided fo	nce of my duties, an or in Chapter 605. I	d I am familiar with and F.S. Or, if this document is
	If Changing Registe	red Agent, <u>Signature of</u>	f New Registered Agent

□Change

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
			□Add
			□Remove
,			□Change
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			□ Add Sommer Control of the Change Part Control
			Change 2
			□Remove
·	· <u>*</u>		
			□Remove
			Change
			□Add
			□Remove
	,		□Change
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			□Remove

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		<u> </u>		
tive date, if other than the flective date is listed, the date me. If the date inserted in this benent's effective date on the light specifies a delayed effecti	ust be specific and cannot be p block does not meet the ap Department of State's reco	pplicable statutory fili ords.	ng requirements, this	filing.) Pursuant to 605.02 date will not be listed
īled.		·	``	•
June 12	. 2024	·		
	Vin	au Mother	a Mahi	
	174787	a , , , , , , , , , , , , , , , , , , ,	3.8 LV/8/1.	
	Signature of a member or a	auxorized representativ	e of a member	