

Division of Corporations

Page 1 of 1

MD8000004295Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Account Name : GREENSPOON MARDER, P.A.
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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12 JUL 10 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDALLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASSURANCE MANAGEMENT LLC

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| Certificate of Status | 0 |
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Corporate Filing Menu

J. SAULSBERRY
EXAMINER
JUL 11 2012

GreenspoonMarder

ATTORNEYS AT LAW

To: Division of Corporations
Company:
Fax: 18506176383
Phone:

From: Isabelle Klein
Fax:
Phone: 1026
E-mail: Isabelle.Klein@gmlaw.com

NOTES:

Amendment to Application for Authorizatio to Transact Business

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date and time of transmission: 7/10/2012 3:13:26 PM
Number of pages including this cover sheet: 6

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of State: Assurance Management LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: September 23, 2008

SECTION II (4-7 complete only the applicable changes)

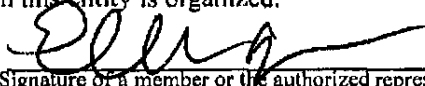
4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? July 9, 2012
5. New name of the limited liability company: Assurance Payday Relief LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:
Perpetual
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

Ellen Gilmore, Esq.
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

2012 JUL 10 AM 6:20

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Delaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "ASSURANCE MANAGEMENT LLC", CHANGING ITS NAME FROM "ASSURANCE MANAGEMENT LLC" TO "ASSURANCE PAYDAY RELIEF LLC", FILED IN THIS OFFICE ON THE NINTH DAY OF JULY, A.D. 2012, AT 3:50 O'CLOCK P.M.

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TALLAHASSEE, FLORIDA

4602539 8100

120817005

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9696808

DATE: 07-09-12

State of Delaware
Secretary of State
Division of Corporations
Delivered 04:35 PM 07/09/2012
FILED 03:50 PM 07/09/2012
SRV 120817005 - 4602539 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Assurance Management LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

The name of the Limited Liability company is
Assurance Payday Relief LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 9th day of July, A.D. 2012.

By: 

Authorized Person(s)

Name: Ellen Gilmore

Print or Type

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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