

MO8000004295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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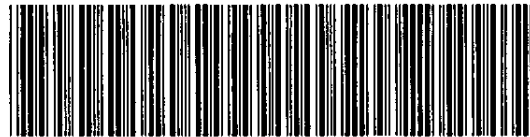
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

2013 AUG 23 PM 12:11

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AUG 26 2013

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MO8-4095

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assurance Payday Relief LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Danielle Mederos

Name of Person

Assurance Payday Relief LLC

Firm/Company

7925 NW 12 Street, Suite 407

Address

Doral, Florida 33126

City/State and Zip Code

bmccrery@assurancemgmt.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Mederos

Name of Person

at (786) 358-0089

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$30 Filing Fee &
Certificate of Status

☐ \$55 Filing Fee &
Certified Copy

☐ \$60 Filing Fee,
Certificate of Status &
Certified Copy

2013 AUG 23 PM 12:11
FILED
STATE OF FLORIDA
CLERK OF THE COURT

**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 Payday Relief 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? August 13, 2013

5. New name of the limited liability company: Assurance Consumer Services LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

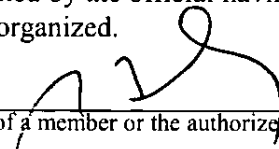
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C.," or "LLC.")

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

Ben McCrery

Typed or printed name of signer

Filing Fee: \$25.00

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 PAYDAY RELIEF LLC", CHANGING ITS NAME FROM "ASSURANCE PAYDAY RELIEF LLC" TO "ASSURANCE CONSUMER SERVICES LLC", FILED IN THIS OFFICE ON THE THIRTEENTH DAY OF AUGUST, A.D. 2013, AT 9:33 O'CLOCK A.M.

4602539 8100

130981847

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 0661749

DATE: 08-13-13

State of Delaware
Secretary of State
Division of Corporations
Delivered 09:33 AM 08/13/2013
FILED 09:33 AM 08/13/2013
SRV 130981847 - 4602539 FILE

STATE OF DELAWARE CERTIFICATE OF AMENDMENT

1. Name of Limited Liability Company: Assurance Payday Relief 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 Consumer Services LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 12th day of August, A.D. 2013.

By: 

Authorized Person(s)

Name: Ben McCreary

Print or Type