

#M12000003932

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

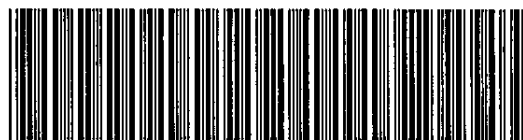
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2014 SEP 26 PM 2:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT - 2 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assurance Debt 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 Debt Relief LLC
Firm/Company

7925 NW 12 Street, Suite 407
Address

Doral, Florida 33126
City/State and Zip Code

dmederos@assurancemgmt.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Mederos at (786) 358-0089
Name of Person 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

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY 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 Debt Relief LLC
2. Jurisdiction of its organization: Delaware
3. Date authorized to do business in Florida: July 11, 2012

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

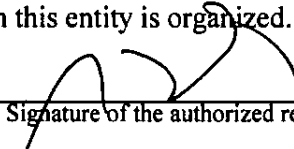
4. New name of the limited liability company: Assurance Processing Services LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(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 contain "Limited Liability Company," "L.L.C." or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change: _____

7. Attached is an original certificate, if required: 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 the authorized representative

Ben McCrery

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

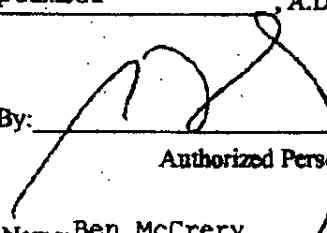
State of Delaware
Secretary of State
Division of Corporations
Delivered 10:58 AM 09/18/2014
FILED 10:58 AM 09/18/2014
SRV 141193768 - 5181324 FILE

**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Assurance Debt 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 Processing Services LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 18th day of September, A.D. 2014.

By: 
Authorized Person(s)
Name: Ben McCreary
Print or Type

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CLERK OF STATE
TALLAHASSEE, FLORIDA

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ASSURANCE PROCESSING SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SECOND DAY OF SEPTEMBER, A.D. 2014.

5181324 8300

141204177

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




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1718941

DATE: 09-22-14