

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

HH00004512

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000187279 3)))



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To: Division of Corporations
 Fax Number : (850)617-6383

From: Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Elena.S@nationaldebtrelief.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NATIONAL DEBT RELIEF LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

19 JUN 14 PM 3:16

2019 JUN 14 AM 11:45

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JUN 17 2019

Fax Audit # H19000187279 3

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: National Debt Relief LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

Enter new mailing address, if applicable.

(Mailing address)
MAY BE A POST OFFICE BOX

2. The Florida document number of this limited liability company is: MI4000004512

3. Jurisdiction of its organization: New York

4. Date authorized to do business in Florida: 6/25/2014

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(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.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here.

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

City Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 695, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

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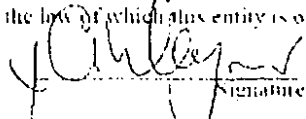
Fax Audit # H190001872793

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

8. If the amendment changes person, title or capacity in accordance with (05.0902 (f)(6)), indicate that change.

File/Capacity	Name	Address	Type of Action
AMBR	Alex Kleyner	11 Broadway Suite 1600	☐ Add
		New York, NY 10004	☒ Remove
AMBR	Alex Kleyner	180 Maiden Lane, 30th FL	☒ Add
		New York, NY 10038	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

9. Attached is a 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

Alex Kleyner, Member

Typed or printed name of signee

Filing Fee: \$25.00

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