# NO1000008032

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
|   |
|   |
|   |
|   |
|   |

Office Use Only



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09/29/11--01025--010 \*\*52.50

#### **COVER LETTER**

**TO:** Amendment Section Division of Corporations

| NAME OF CORPO  | RATION: American Deb                         | t Counseling, Inc.  |   |
|--|--|---|---|
| DOCUMENT NUM   | BER: N01000008032                            |   |   |
| The enclosed Articles  | of Amendment and fee are sub                 | mitted for filing.  |   |
| Please return all corre  | spondence concerning this matt               | er to the following:  |   |
|  |  | Arroayave   |   |
|  | (Name of                                     | Contact Person)   |   |
|  | American De                                  | bt Counseling, Inc.   |   |
| _  | (Firm  | / Company)  |   |
|  | 14051 N                                      | I.W. 14 Street  |   |
|  | (/   | Address)  | <del> </del>  |
|  | Sunrise,                                     | Florida 33323   |   |
|  | (City/ Stat                                  | te and Zip Code)  |   |
|  |  | re@myadc.org<br>d for future annual report notifi   | cation)   |
| For further information  | n concerning this matter, please             | e call:   |   |
| Erika Arroyave   |  | at (954)_656-80   | 80 Ext 4113   |
| (Name  | of Contact Person)                           | (Area Code & Dayt   | ime Telephone Number)   |
| Enclosed is a check for  | or the following amount made p               | ayable to the Florida Departme  | nt of State:  |
| □\$35 Filing Fee   | ☐ \$43.75 Filing Fee & Certificate of Status | ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)   | \$52.50 Filing Fee Certificate of Status Certified Copy     (Additional Copy is enclosed) |
| Mailing Address Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |  | Street Address Amendment Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3236 | er Circle   |

#### **Articles of Amendment Articles of Incorporation** of

|            | FI      | LED                             |
|------------|---------|---------------------------------|
| 2011       | U # ^   |                                 |
| MALLAH     | ETARY O | PM 12: 44<br>FS FATE<br>FLORIDA |
| <u>e</u> ) | SEE.    | FLORIDA                         |

### American Debt Counseling, Inc.

(Name of Corporation as currently filed with the Florida Dept. of State

### N01000008032

(Document Number of Corporation (if known)

|  | N/A                                    |  |                    |
|--|--|--|--------------------|
| new name must be distinguishable and coreviation "Corp." or "Inc." <u>"Company" or "</u>   |  |  | corporated" or the |
| Enter new principal office address, if appining the second series of the second | plicable:<br>ET ADDRESS )              | N/A                                    |                    |
| Enter new mailing address, if applicable (Mailing address MAY BE A POST OFF)   |  | N/A                                    |                    |
|  |  |  |                    |
| If amending the registered agent and/or  | registered office                      | address in Florida, e                  | nter the name of t |
| If amending the registered agent and/or new registered agent and/or the new reg  | registered office<br>istered office ad | address in Florida, e<br>dress:        | nter the name of t |
| If amending the registered agent and/or new registered agent and/or the new reg  | registered office<br>istered office ad | address in Florida, e<br>dress:<br>N/A | nter the name of t |
| new registered agent and/or the new reg  | istered office ad                      | dress:                                 | nter the name of t |
| <u>Name of New Registered Agent:</u>   | istered office ad                      | M/A                                    | nter the name of t |

## If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

. . .

**Title** Name Address **Type of Action** P/D Maria C Braga 9417 Richmond Circle ☐ Add Alan Silverberg Sunrise, Florida 33323 Remove ☐ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

| The date of each amendmen                              | t(s) adoption: September 28, 2011  |
|--|--|
| Effective date if applicable:                          | (date of adoption is required)   |
| -  | (no more than 90 days after amendment file date)   |
| Adoption of Amendment(s)                               | (CHECK ONE)  |
| ☑ The amendment(s) was/wee was/were sufficient for app | ere adopted by the members and the number of votes cast for the amendment(s) proval.   |
| There are no members or adopted by the board of di     | members entitled to vote on the amendment(s). The amendment(s) was/were rectors.   |
| Dated  | 9/28/47  |
| Signature _  |  |
| (By  | the chairman or vice chairman of the board, president or other officer-if directors we not been selected, by an incorporator – if in the hands of a receiver, trustee, or her court appointed fiduciary by that fiduciary) |
|  | Alan Silverberg  |
|  | (Typed or printed name of person signing)  |
|  | President  |
|  | (Title of person signing)  |

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