P1500053470

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R. WHITE

COVER LETTER

TO: Amendment Section

Division of Corporations

NAME OF CORPORATION: Total Debt Assistance group INC P15000053470 DOCUMENT NUMBER: The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: for Debt Assistance group. Firm/ Company

24 E McNaL Rd

Address

Address Mannylegakis @msn. com For further information concerning this matter, please call: Enclosed is a check for the following amount made payable to the Florida Department of State: S35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & ■\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallahassee, FL 32314 2661 Executive Center Circle Fallahassee, FL 32301

FILED

Articles of Amendment FILED

Articles of Incorporation 17 NOV 20 PH 12

	of .	31 1103 20	PM 12: 05
lotal debt ass	1stance 0		<u>الإن</u>
(Name of Corpora	ition as currently filed	ith the Plorida De	pt. of State)
P1500	0053470)	,
(Doc	ument Number of Corpo	ration (if known)	
Pursuant to the provisions of section 607,1006 Flor its Articles of Incorporation:	ida Statutes, this <i>Florida</i>	i Profit Corporation	adopts the following amendment(s) (
A. If amending name, enter the new name of the	corporation:		
Total Document A	rssistance	group. INC.	The new
name must be distinguishable and contain the w "Corp.," "Inc.," or Co.," or the designation "Co- word "chartered," "professional association, for the	ord "corporation," "el rp," "Inc." or "Co", .	impany" or "incor	porated or the abbreviation
R. Enter new principal office address, if applical	ole:		
Principal office address MUST BE A STREET AI		-	
			
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C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	(OX)		
	<u></u>		
i			
}			
 If amending the registered agent and/or regist new registered agent and/or the new registered 	ered office address in I d office address:	·lorida, enter the na	ame of the
I I	d office andress.		
Name of New Registered Agent			
	(Florida street addre	ess)	
New Registered Office Address:			(2) · · ·
New At gistered Office radiress.	(City)		, Florida (Zip Code)
[]	•		,
New Registered Agent's Signature, if changing R	egistered Agent;		
hereby accept the appointment as registered agent.	I am familiar with and	accept the obligation	ons of the position.
,			
Sig	nature of New Registere	d Agent, if changing	

address of each Officer (Attach additional sheets, Please note the officer/dir P = President; V = Vice I Executive Officer; CFO - held. President. Treasurer Changes should be noted a change, Mike Jones lea Mike Jones, V as Remove.	and/or D if necess vector tith President - Chief F v. Directo in the fol-	irector bein ary) c by the first : F = Treasu :inancial Off or would be F llowing man orporation, S	g added: latter of the office title: rer; S = Secretary; D = Director; FR = licer. If an officer/director holds more TD. ler. Currently John Doe is listed as the lafty Smith is named the V and S. Thes	evidirector being removed and title, name, and Frustee; C = Chairman or Clerk; CEO = Chief or than one title, list the first letter of each office the PST and Mike Jones is listed as the V. There is e should be noted as John Doe, PT as a Change.
Example: <u>X</u> Change	<u> </u>	John Doe		
X Remove	<u>v</u>	Mike Jones		
<u>X</u> Add	<u>SY</u>	Sally Smith		
Type of Action (Check One)	Title	<u>× 2</u>	u <mark>m</mark> e	Address
1) Change				
Add				
Remove				
2) Change		_		
Add				
Remove				
3) Change		- <u> </u>		
Add				
Remove		1		
4) Change				
Add				
Remove				
5) Change		-		
Add				
Remove				
6) Change		·		
Add				

_ Remove

If amending or adding addition	nal Articles, enter ch	<u>inge(s) here</u> :		
Attach additional sheets, if nece	rssary). (Be specific)			
				
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f an amendment provides for	an evchange, reclassi	ication, or cancellation	<u>of issued shares, </u>	
provisions for implementing t	he amendnieht if not	contained in the amendr	<u>nent itself:</u>	
(if not applicable, indicate	N/A)			
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	7. •			
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The date of each amendment(s) adoption:	11-13-17	, if other than the
date this document was signed		
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does n document's effective date on the Department of	of meet the applicable statutory filing requirements, this date wi State's records.	Il not be listed as the
Adoption of Amendment(s) (CH	ECK ONE)	
The amendment(s) was/were adopted by the by the shareholders was were sufficient for a	shareholders. The number of votes east for the amendment(s)	
☐ The amendment(s) was/were approved by the must be separately provided for each voting	shareholders through voting groups. The following statement group entitled to vote separately on the amendment(s):	
"The number of votes east for the amer	dment(s) was/were sufficient for approval	
by		
(vot	ng group)	
☐ The amendment(s) was/were adopted by the action was not required.	ogard of directors without shareholder action and shareholder	
☐ The amendment(s) was/were adopted by the action was not required.	incorporators without shareholder action and shareholder	
Dated 11-13-	1 Way	
(By a director, presi	dent or other officer – Edirectors or officers have not been porator – E in the hands of a receiver, the tee, or other court by that fiduciary)	
	Nanvel Leagks Typed or printed name of person signing)	
0	esident	
	(Title of person signing)	