

LO80000074428

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EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

09 DEC - 8 PM 8: 45

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Hide-N-Seek LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon K. Balmer
Name of Person

Lapina & Dubois, P.A.
Firm/Company

132 Canal Street, Suite 3
Address

New Smyrna Beach, Florida 32168
City/State and Zip Code

Conquer@cfl.rr.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon K. Balmer at (386) 314-1591
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Hide-N-Seek LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 8-4-2008 and assigned Florida document number L08000074428.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

SEE 2nd pg. (D)
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

1500 Beville Road Suite 606-104
Daytona Beach, Florida 32114-5644

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

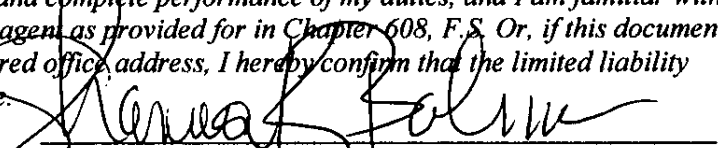
Post Office Box 915
Edgewater, Florida 32132

B. If amending the registered agent and/or registered office 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: Lapina & Dubois, P.A. Attention: Shannon K. Balfour
New Registered Office Address: 132 Canal Street, Suite 3
Enter Florida street address
New Smyrna Beach, Florida 32168
City *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 608, 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.


Shannon K. Balfour
If Changing Registered Agent, Signature of New Registered Agent

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CLERK OF STATE
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Gregory Lariscy	1500 Beville Road Suite 606-104 Daytona Beach, Florida 32114-5644	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Jeffery Lariscy	1500 Beville Road Suite 606-104 Daytona Beach, Florida 32114-5644	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
Member	Christopher Balmer	1500 Beville Road Suite 606-104 Daytona Beach, Florida 32114-5644	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

****NAME CHANGE ONLY****

from

Hide-N-Seek LLC

to

Collateral Recovery Group LLC

Dated December 4th, 2009

Shannon K. Balmer
Signature of a member or authorized representative of a member

Shannon K. Balmer

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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