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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 2015

J SHIVERS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COLLATERAL RECOVERY & INVESTMENTS 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:

TROY VASQUEZ

Name of Person

THE COLLATERAL RECOVERY EXPERTS OF SOUTH FLORIDA LLC

Firm/Company

921 NORTH 21 AVE

Address

HOLLYWOOD, FL. 33021

City/State and Zip Code

ANIMALSTOWING@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TROY VASQUEZ at (707) 791-9660
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**

COLLATERAL RECOVERY & INVESTMENTS 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 04/03/2015 and assigned Florida document number L150000059001.

This amendment is submitted to amend the following:

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

THE COLLATERAL RECOVERY EXPERTS OF SOUTH FLORIDA LLC

The new name must be distinguishable and contain 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)

921 N. 21st Ave
HOLLYWOOD, FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

JOEL HOWARD

New Registered Office Address:

921 N 21st Ave

Enter Florida street address

HOLLYWOOD

, Florida

City

15 JUL 21 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
33021

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 605, 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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	ARIELIS MARTINEZ	921 N. 21 AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL. 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOEL HOWARD	921 N. 21 AVE	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL. 33021	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

15 JUL 21 AM 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 7/12/15

Handwritten signature of Joel Howard

(Signature of a member or authorized representative of a member)

JOEL HOWARD

Typed or printed name of signee