

L23000455144

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

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10/24/23 --01027--036 \*\*L3.00

2023 OCT 24 AM 7:55

of 11/21/2023

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AI COLLECTIONS, 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:

Corporate Maintenance Lead

Name of Person

Processing Department

Firm/Company

1450 Vassar St

Address

Reno, NV 89502

City State and Zip Code

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

For further information concerning this matter, please call:

Processing Department

Name of Person

at

800

Area Code

638-2320

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



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**\*\*\*IMPORTANT NOTICE\*\*\***



PLEASE SEND ALL DOCUMENTS –  
APPROVED OR REJECTED TO THE ADDRESS  
BELOW.

**INC AUTHORITY**  
**ATTN: CORPORATE MAINTENANCE LEAD**  
1450 VASSAR ST  
RENO, NV 89502  
OR  
RETURNDOCS@INCAUTHORITY.COM

Inc Authority  
Florida

TO: PHYSICAL: Dept. of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

MAILING: Dept. of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

FROM: Inc Authority, LLC  
1450 Vassar St  
Reno NV 89502  
(800) 638-2320  
(775) 329-0852

DATE: Friday, October 13, 2023

*SENT VIA USPS*

To Whom It May Concern:

Attached, please find the following document(s):

- Articles of Amendment  
For: AI COLLECTIONS, LLC

We have included payment in the amount of \$25.00 for the following fees:

- Filing Fee

We have included one original and one copy.

If there are any questions, please call 800-638-2320

**Please return the file stamped copy of Amendment to Articles  
of Organization to the address below:**

Processing Department  
1450 Vassar St  
Reno NV 89502

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

2023 OCT 24 AM 7:55

AI COLLECTIONS, 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 10/02/23 and assigned Florida document number L23000455144.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices 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)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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:

\_\_\_\_\_

New Registered Office Address:

\_\_\_\_\_

*Enter Florida street address*

\_\_\_\_\_, Florida \_\_\_\_\_

*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 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          | Anita Fernandez | 310 N Orange Ave Unit 1126 | <input type="checkbox"/> Add               |
|              |                 | Orlando, FL 32801          | <input checked="" type="checkbox"/> Remove |
|              |                 |                            | <input type="checkbox"/> Change            |
| MGR          | Anita Fernandes | 310 N Orange Ave Unit 1126 | <input checked="" type="checkbox"/> Add    |
|              |                 | Orlando, FL 32801          | <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.)

Lined area for amending information.

E. Effective date, if other than the date of filing: N/A (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 OCTOBER 13, 2023

Handwritten signature of Anita Fernandes

Signature of a member or authorized representative of a member

Anita Fernandes

Typed or printed name of signee