Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document,

(((H24000188980 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : ZENBUSINESS INC.

Account Number : 120230000190 : (844)449-3624 Phone Fax Number : (512)597-0678

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:			
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Help

K. SALY

MAY 3 0 2024

COVER LETTER

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ava	ntgheart l	.LC		
SUBJECT:		Name of Lina	hed Liability Company	
The enclosed Art	Name of Person Area Code Daytime Telephone Number Area Code Daytime Telephone Number So to the following amount: OF Filing Fee So to S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) MailingAddress: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Area Code Daytime Telephone Number So to 0.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Registration Section Division of Corporations The Centre of Tallahassee Tallahassee, FL 32314			
Please return all o	correspon	dence concerning this matter	to the following:	
		Allison Monzon	Name of Limited Liability Company Int and fee(s) are submitted for filting. Incerning this matter to the following: In Monzon Name of Person Issuess INC Firm/Company College Ave Suite 301 Address Insee, FL 32301 City/State and Zip Code Inti@zenbusiness.com E-mail address: (to be used for future annual report notification) this matter, please call: Interpretation of Status Certified Copy (additional copy is enclosed) StreetAddress: Registration Section Division of Corporations The Centre of Tallahassee	
			Name of Person	
		ZenBusiness INC		
			Firm/Company	
		336 E. College Ave Suite .	801	
			Address	
		Tollahassee, FL 32301		
		0.1011	,	
		-		fication)
For further inform	nation cor		·	·
c/o ZenBusiness	INC			
	Name of I	crson		e Telephone Number
Enclosed is a cho	ck for the	following amount:		
■ \$25.00 Filing	g Fee		Certified Copy	Certificate of Status & Certified Copy
Registr Divisio P.O. Bo	ration Se on of Co ox 6327	rporations	Registration Sec Division of Cor The Centre of T 2415 N. Monro	porations Callahassee e Street, Suite 810

Page: 3 of 5

To:

2024-05-29 11:57:14 UTC+14

18506176383

From: ZenBusiness User

H240001889803

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

avantgheart LLC			和
(Name of the Limited Liability Cor (A Florida Limit	ninany as it now appear led Liability Company)	s on our records.)	13.73
The Articles of Organization for this Limited Liability Compa	any were filed on 202	23-12-11	and assigned
Florida document number L23000546626			
This amendment is submitted to amend the following:			9.
A. If amending name, enter the new name of the limited b	iability company he	<u>re</u> :	
cycollections LLC			
be new name must be distinguishable and contain the words "Limited Li	iability Company," the de	esignation "LLC" or the (abbreviation "L.L.C."
Enter new principal offices address, if applicable:	•••		
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered office and/or the new registered office address here: Name of New Registered Agent:	ce address on our re	eords, <u>enter the na</u>	me of the new register
	*		
New Registered Office Address:	Enter Flor	ida street address	
		. Florida	
	City		Zip Code
New Registered Agent's Signature, if changing Registered Age	ent:		
l hereby accept the appointment as registered agent and a	wree to act in this c	rangeity I further a	eree to comply with th

Thereby 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	

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Page: 4 of 5

2024-05-29 11:57:14 UTC+14

18506176383

From: ZenBusiness User
1124-0001 8980 3

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 = Ms $AMBR = At$	onager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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Signature of a member or authorized representative of a member	Dated	2024	
	/s/ Cana Yi	Imaz Grimes	
Cana Yilmaz Grimes, Member		Signature of a member or authorized representative of a member	
	Cana Yilmaz Grimes	, Member	