Division of Corporations Electronic Filing Cover Sheet

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.

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To:					
	Division of Corporations Fax Number : (850)617-60	383			
From:	Account Name : C T CORPORA Account Number : FCA00000000 Phone : (850)205-86 Fax Number : (850)878-50	23			
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7/1/3/2016 3:29:00 PM From: To: 8506176383( 2/5 )

## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: United Recovery Systems, U  Name of Foreign Limited Partnership or Limited Liability Limited Partnership
The enclosed amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Mike Strachan Contact Person
United Recovery Systems, LP. Firm/Company
5800 N Course Dr Address
Houston, TX 77072  City, State and Zip Code
LICENSING@alltran.com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mike Strachan at (713) 458-4956  Name of Contact Person Area Code and Daytime Telephone Number
Enclosed is a check for the following amount:
\$52.50 Filing Fee S61.25 Filing Fee and Certificate of Status S105.00 Filing Fee S105.00 Filing Fee Certified Copy Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## AMENDMENT TO CERTIFICATE OF AUTHORITY FOR FOREIGN LIMITED PARTNERSHIP OR LIMITED LIABILITY LIMITED PARTNERSHIP

1. The name of the limited partnership of appears on the records of the Florida De United Re	or limited liability limited partners epartment of State is: ecovery Systems, LP.	ship as it
2. The jurisdiction of its formation is:	Texas	
3. The date the entity was authorized to	transact business in Florida is:	11/26/2013
4. If the amendment changes the name a limited partnership, enter the new name:  Alla		d liability
Acceptable Limited Partnership suffixes: Limite Acceptable Limited Liability Limited Partnershi or LLLP.	ed Partnership, Limited, L.P., LP, or Ltd. p suffixes: Limited Liability Limited Par	tnership, L.L.L.P.
5. If the amendment changes the general cach general partner:	l partner(s), list the name and busi	iness address of
Name:	Business Address:	HASSEE TO
		HL: 23
	AND THE CONTRACT WAS ASSESSED TO SEE THE CONTRACT OF THE CONTR	
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6. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
7. If the amendment corrects any false statement listed in the application, indicate the statement being corrected and the correction:
8. If the amendment is to add or delete an election to be a limited liability limited partnership statement, check the appropriate box:
The entity elects to be a limited liability limited partnership.
The entity is no longer a limited liability limited partnership.
9. Attached is an original certificate, no more than 90 days olds, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.
10. Effective date, if other than the date of filing:  (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)
Signature of a general partner: URS MANASEMENT LLC,
Typed or printed name:  Michael Streehon
Filing Fee: \$52.50 Certified Copy (optional): \$52.50 Certificate of Status (optional): \$8.75

7/13/2016 3:29:00 PM From: To: 8506176383( 5/5 )

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Carlos H. Cascos Secretary of State

## Office of the Secretary of State

## Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that on June 16, 2016, United Recovery Systems, LP, a Domestic Limited Partnership (LP) (file number 800360611), changed its name to Alltran Financial, L.P.

> In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on July 12, 2016.



Phone: (512) 463-5555

Prepared by: SOS-WEB

Carlos H. Cascos Secretary of State

Come visit us on the internet at http://www.sos.state.tx.us/

Fax: (512) 463-5709 TID: 10254

Dial: 7-1-1 for Relay Services Document: 679694750003