

L03000033303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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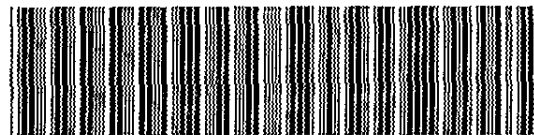
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700023337177

09/30/03--01003--010 **25.00

FILED
03 SEP 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FROM

BRUNO-CUSAMANO-MONTESI-TATAQLA-PALMIRA-APONE LLC
(Present Name)
(A Florida Limited Liability Company) *dominican*

FIRST: The date of filing of the articles of organization was 8/27/2007

SECOND: The following amendment(s) to the articles of organization was/were adopted by the limited liability company:

TO GLOBAL Collection & Recovery Systems LLC

Dated SEPT 16, 2003

Richard Catti
Signature of a member or authorized representative of a member
RICHARD CATTI
Typed or printed name of signee

FILED
03 SEP 30 AM 8:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00

State of Florida



Department of State

OLD
COPY

I certify from the records of this office that BRUNO - CUSAMANO - MONTESI - TATAGLIA - PALMINA - CAPONE & ASSOCIATES LLC, is a limited liability company organized under the laws of the State of Florida, filed on September 3, 2003.

The document number of this company is L03000033303.

I further certify that said company has paid all fees due this office through December 31, 2003, and its status is active.

 **ORIGINAL**



CR2EO22 (2-03)

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Fourth day of September, 2003

Glenda E. Hood

Glenda E. Hood
Secretary of State



L100000449721
000 p00000

L10000AP1100 *7*

850-4109111
850-410-9805 ✓

MAIL PAYMENT TO: Department of Financial Services
200 E. Gaines Street
Tallahassee, Florida 32399-0375
FEE: \$200.00

c/o NARIO
850 410-9777

COPY

REGISTRATION OF CONSUMER COLLECTION AGENCY

This form shall be accompanied by certified payment of a \$200.00 non-refundable registration fee. All requirements for registration must be satisfied within forty-five (45) days from the date of request for additional information.

TYPE OR PRINT

1(a). Legal Name of Consumer Collection Agency: BRUNO KUSAMANO-MONTESI-TATAGLIA-PALMINA-CAPONE & ASSO

1(b). If corporate name is not allowed in Florida, provide name approved by the Florida Secretary of State: WILLIAMS RECOVERY SYSTEMS, LLC

(Provide qualification document from the Florida Secretary of State. This is the name that will appear on your license. See instructions.)

DBA Name (if applicable):
(Provide acknowledgment from the Dept. of State, Division of Corporations that your fictitious name is duly registered.)

2. Federal Employer I.D. Number: 81-0630058 (If Social Security Number, response to Question 2 should be entered on Exhibit A of this application)
(F.E.I.D. number is required of all corporations and partnerships. Also required of a sole proprietor if paying wages to one or more employees. See IRS "Instructions for Form SS-4". If sole proprietor and not paying wages, enter Social Security Number.)

3. Principal Place of Business (Note: Post Office Box is not acceptable):

15701 WARBLER PLACE - STE #1001
Street Address
TAMPA FL (Hillsborough) FL 33624
City County State Zip

4. Mailing Address if different from above:
15701 WARBLER PL

TAMPA HILLSBOROUGH FL 33624
City County State Zip
Telephone Number: (813) 963-1758 Fax/Email: 813-962-7286

5. Provide a list of the following information on Exhibit A of this application:

- If a partnership or sole proprietorship, provide full name and social security number of all owners.
- If a corporation, provide full name and social security number (federal identification number if a corporate owner), of all Corporate Officers, Directors, Owners, and Florida Resident Agent. (Note: Not required of directors of a not-for-profit corporation organized pursuant to Chapter 617, F.S.)

6. Has the prospective registrant, or any principal of same, or any business in which any principal of the prospective registrant was the owner of 10 percent or more of such business had any professional or occupational license which was the subject of any suspension, or revocation. (With a "Yes" response, provide details clearly identifying and explaining each occasion.) YES ☐ NO ☐

I hereby affirm that the foregoing information is true and correct and acknowledge that any misstatement may cause the Department to initiate proceedings against the registration.

Richard B. CATTI - Pres Richard B. Catti 9/21/03
Name (Type or Print) Title Signature of Principal Date
(Must be principal in business)

*****FOR OFFICE USE ONLY*****
APPROVED BY: _____ DATE APPROVED: _____ \$200 :43845000000-U2-002051
FORM DBF-CCA-102 Rev. 02/18/94

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