L04000042969

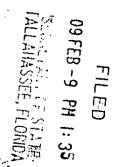
(Requestor's Name)		
(Address)		
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Special Instructions to Filing Officer:		
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B. KOHR

FEB - 9 2009

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 885966 82008A

AUTHORIZATION,

ORDER DATE: February 9, 2009

ORDER TIME : 9:20 AM

ORDER NO. : 885966-005

CUSTOMER NO: 82008A

DOMESTIC AMENDMENT FILING

NAME: ASSET RECOVERY GROUP, LLC

EFFECTIVE DATE:

XX___ ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace -- EXT# 2928

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TOARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.
(A Florida Limited Liability Company)

OSEB-9 PM 1:35

The Articles of Organization for this Limited Liability Company were filed on July 31, 2007 and assigned Florida document number <u>L04</u>000042969 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.Ç." 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 Agent's Signature, if changing Registered Agent:

New Registered Office Address:

ASSET RECOVERY GROUP, LLC

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 608, 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Enter Florida street address)

Florida

(Zip Code)

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action <u>Address</u> Title <u>Name</u> Wayne Ginter 1930 Harrison Street, Suite 404 Hollywood, Florida 33020 MGR Add 🗖 Remove DbA 🗍 🗖 Remove n Add 🗖 Remove bbA 🗖 Remove ___ Add Remove ☐ Add 🗂 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated February 6 Signature of a member of authorized representative of a member

Page 2 of 2

Gary P. Eidelstein
Typed or printed name of signee

Filing Fee: \$25.00