

#L04000042969

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

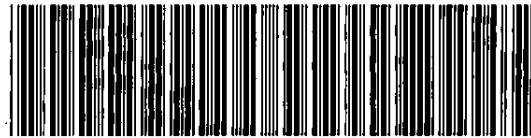
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400185337414

12/20/10--01056--008 **25.00

FILED

10 DEC 28 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

DEC 29 2010



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 21, 2010

ASSET RECOVERY GROUP, LLC
MATTHEW EIDELSTEIN
2 GROVE ISLE DRIVE, APT. #1602
MIAMI, FL 33133

SUBJECT: ASSET RECOVERY GROUP, LLC
Ref. Number: L04000042969

We have received your document for ASSET RECOVERY GROUP, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 610A00029493

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ASSET RECOVERY GROUP, 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:

MATTHEW EIDELSTEIN

Name of Person

ASSET RECOVERY GROUP, LLC

Firm/Company

2 GROVE ISLE DRIVE, APT. #1602

Address

MIAMI, FL 33133

City/State and Zip Code

MATTHEW@ARGMIAMI.COM

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

For further information concerning this matter, please call:

MATTHEW EIDELSTEIN

Name of Person

at (**305**)

858-6893

Area Code & 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

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

FILED

10 DEC 28 PM 4: 02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ASSET RECOVERY GROUP, 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 JULY 31, 2007 and assigned
Florida document number L04000042969.

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.C."

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)

ASSET RECOVERY GROUP, LLC

2520 CORAL WAY SUITE 2515

CORAL GABLES, FL 33145

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

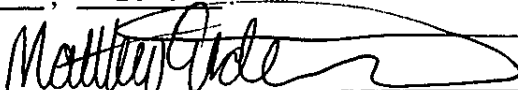
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOEL EIDELSTEIN	1961 OAK HAVEN CIRCLE N. MIAMI BEACH, FL 33179	☐ Add ☒ Remove
		EFFECTIVE JANUARY 1, 2010	☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

MATTHEW EIDELSTEIN- 100% SHARES- EFFECTIVE JANUARY 1, 2010

Dated DECEMBER 17, 2010



Signature of a member or authorized representative of a member

MATTHEW EIDELSTEIN

Typed or printed name of signee