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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CASH STREAM RECOVERY, 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:	
VICTORIA M. KELLER	
(Name of Person)	
CASH STREAM RECOVERY, LLC	
(Firm/Company)	
1031 W. MORSE BLVD., SUITE 160	
(Address)	
WINTER PARK, FLORIDA 32789	- E
(City/State and Zip Code)	06 % 04 % O
For further information concerning this matter, please call:	0,007 20 8110: 22
VICTORIA M. KELLER at (407) 359-0836	
(Name of Person) (Area Code & Daytime Telephone Numbe	C: 22
Enclosed is a check for the following amount:	O
\$25.00 Filing Fee \$\sigma \text{\$\$30.00 Filing Fee & \$\sigma \text{\$\$55.00 Filing Fee & \$\sigma \text{\$\$\$55.00 Filing Fee & \$\sigma \text{\$\$\$Certificate of Status } \text{\$\$Certified Copy } \text{\$\$Certified Copy } \text{\$\$Certified Copy } \text{\$\$Certified Copy } \text{\$\$(additional copy is enclosed) } \text{\$\$(additional copy is enclosed) } \text{\$\$Certified Copy } \text{\$\$(additional copy is enclosed) } \text{\$\$Certified Copy } \text{\$\$(additional copy is enclosed) } \text{\$\$Certified Copy } \text{\$\$(additional copy is enclosed) } \$\$(additional copy is enc	atus &

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CASH STREAM RECOVERY, LLC

	(A FI	(Present Name) orida Limited Liability Company)		
FIRST:	The Articles of Organization were document number <u>L04000046052</u>	filed on JUNE 18, 2004	and assigned	
SECONI	The_following amendment(s) to liability company:	the Articles of Organization	was/were adopted by th	e limited
	THE FOLLOWING PERSON HAS B MANAGING MEMBER OF CASH ST		AL	
	VICTORIA M. KELLER, AS TRUS REVOCABLE LIVING TRUST DA		LLER	04 OCT 20 MM 10: 22
Dated	OCTOBER 5	2004	et •	
	Signature by a men	Manual Ma	a member	
	BARRY L. FULCO, TRUSTEE	ped or printed name of signee		_

Filing Fee: \$25.00