

LD4000068588

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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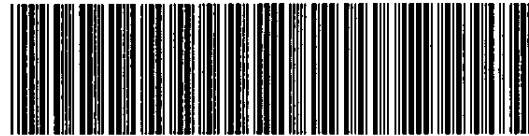
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

NOV 02 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assets Recovery Center, 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:

John Olsen

Name of Person

Firm/Company

1900 Sunset Harbour Drive, 2nd Floor

Address

Miami Beach, FL 33139

City/State and Zip Code

johnolsen@assetsrc.com

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

For further information concerning this matter, please call:

John Olsen

Name of Person

at (305)

895-0891

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

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

ASSETS RECOVERY CENTER, 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 09/21/2004 and assigned
Florida document number L04000068588.

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)

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	Daniel Coosemans	1545 Northeast 123rd Street North Miami, FL 33161	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

John Olsen shall remain as a Member.

Dated _____, _____.

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 TALLAHASSEE, FLORIDA

Signature of a member or authorized representative of a member

Typed or printed name of signee

**AMENDMENT TO THE ARTICLES OF ORGANIZATION AMENDMENT FOR
ASSETS RECOVERY CENTER, LLC, a Florida limited liability company**

This Amendment hereby replaces the Articles of Amendment for Assets Recovery Center, LLC, a Florida limited liability company

ARTICLE I NAME

The name of the Florida limited liability company is ASSETS RECOVERY CENTER, LLC

ARTICLE II FILING DATE OF ARTICLES OF ORGANIZATION

The Articles of Organization were filed on September 16, 2004

ARTICLE III AMENDMETN TO ARTICLES OF ORGANIZATION

Via written consent of the Manager and Members of the company, John R. Olsen has resigned as Manager, but remains a member of the company. Via written consent of the Manager and Members of the company, Daniel Coosemans is appointed as the sole Manager of the company.



Daniel Coosemans, Member and Sole
Manager



John R. Olsen, Member

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