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SECHETARY OF STATE TALL AHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Unclaimed \$ 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:	
Janet L. Hagen	
(Name of Person)	-
Unclaimed \$ Recovery, LLC	D6 D FAL TAL
(Firm/Company)	LAH
1362 Kingswood Ct	06 DEC 29 AM 9: 56 SECRETARY OF STATE TALLAHASSEE. FLORIDA
(Address)	AM 9: Y OF ST EE. FLOI
Fort Myers FL 33919	3: 56 STATE ORID
(City/State and Zip Code)	>
For further information concerning this matter, please call:	
Janet Hagen at (239) 887-0809	
(Name of Person) (Area Code & Daytime Telephone	Number)
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Certificate of Status \$55.00 Filing Fee Certified Copy (additional copy is enclosed) \$60.00 Certified Copy (additional copy is enclosed)	0 Filing Fee, te of Status & Copy al copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRE	ESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Unclaimed \$ Recovery, LLC					
		(Present Name) (A Florida Limited Liability Company)				
FIRST:	The Artic	Articles of Organization were filed on March 15, 2006 and assigned ument number L06000027644 and assigned				
SECOND:	This amer	ndment is submitted to amend the following:				
	1. Jon H	H. Hagen is removed as a MGRM. Janet L. Hagen is now sole MGRM	06 DEC 29			
	2. Former Registered Agent was Michael S. Hagen at 6385 Presidential Ct #2027 Fort Myers FL 33919. New Registered Agent is Janet L. Hagen at					
	1362 Kingswood Court Fort Myers FL 33919.					
	MP-in-		STAR.			
	•					
	•					
Dated Ma	rch 16	<u>2006</u> .				
	-	Signature of a member or authorized representative of a member				
	Janet	L. Hagen, MGRM/New Registered Agent				
	Janet	Typed or printed name of signee				

Filing Fee: \$25.00

FILED

UNCLAIMED \$ RECOVERY, LLC

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or Justine representative of a member)

(Printed or typed name of signee)

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.

(Signature of Registered Agent)

Fax: (239) 278-0828