

LO7000008456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

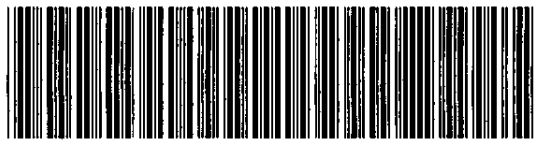
Special Instructions to Filing Officer:

L. SELLERS

NOV 19 2009

EXAMINER

Office Use Only



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11/12/09--01047--006 **30.00

FILED
09 NOV 12 AM 8:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA



ALCO RECOVERY

S E R V I C E S, L L C

TO: Florida Department of State

FROM: ALCO Recovery Services LLC

FROM: Ernest J. Allen /Managing Partner

DATE: 11/9/2009

ADDRESS:
10524 Moss Park Rd. Suite 204-254
Orlando FL 32832

SENDER'S PHONE NUMBER:
407-277-1182

SENDER'S FAX NUMBER:
407-277-1187

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ALCO Recovery Services 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:

Ernest Allen

Name of Person

ALCO Recovery Services LLC

Firm/Company

10524 Moss Park Rd. Suite 204-254

Address

Orlando FL. 32832

City/State and Zip Code

ejallen@alcorecovery.com

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

For further information concerning this matter, please call:

_____ at (_____) _____
Name of Person 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**

ALCO Recovery Services 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 01/23/2007 and assigned
Florida document number L07000008456.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ARS LLC

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:

7600 Southland Blvd.

(Principal office address MUST BE A STREET ADDRESS)

Suite 100-313

Orlando FL. 32809

Enter new mailing address, if applicable:

10524 Moss Park Rd. Suite 204-254

(Mailing address MAY BE A POST OFFICE BOX)

Suite 204-254

Orlando FL. 32832

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

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SECRET OF STATE
TALLAHASSEE FL 32309

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

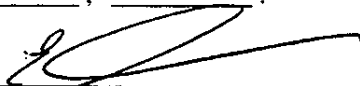
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mr.	Ernest Allen	9999 Brodbeck Blvd. Orlando FL 32832	<input type="checkbox"/> Add <input type="checkbox"/> Remove
Mrs.	Kelly Allen	9999 Brodbeck Blvd. Orlando FL 32832	<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.)*

Dated _____



Signature of a member or authorized representative of a member

Ernest J. Allen

Typed or printed name of signee

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TALLAHASSEE FLORIDA