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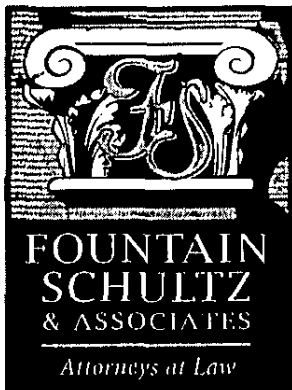
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May 17, 2017



KENNETH R. FOUNTAIN
KERRY ANNE SCHULTZ
SCOTT C. BRIDGFORD

2045 FOUNTAIN PROFESSIONAL CT.
SUITE A
NAVARRE, FLORIDA 32566
TEL: (850) 939-3535
FAX: (850) 939-3539

SANTA ROSA BEACH
TEL: (850) 622-2700
FAX: (850) 622-2722

VIA REGULAR U.S. MAIL

Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Moore Asset Recovery, L.L.C.

Dear Sir or Madam:

Enclosed please find the original and one copy of the Articles of Amendment to Articles of Organization along with a check in the amount of \$25.00 for filing fee.

Please return a filed copy to me in the enclosed pre-addressed stamped envelope.

Should you have any questions, please advise. Thank you for your assistance in this matter.

Sincerely,
Fountain, Schultz & Associates, P.L.

Kerry Anne Schultz, Esquire

KAS:amf
cc: Client

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Moore Asset Recovery, L.L.C.

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:

Kerry Anne Schultz, Esq.

Name of Person

Fountain, Schultz & Associates, PL

Firm/Company

2045 Fountain Professional Court, Suite A

Address

Navarre, FL 32566

City/State and Zip Code

kaschultz@fountainlaw.com

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

For further information concerning this matter, please call:

Kerry Anne Schultz, Esq.

850 939-3535
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

Moore Asset Recovery, L.L.C.

(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 2/27/2007 and assigned
Florida document number L07000022147.

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 contain 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:

Kerry Anne Schultz

New Registered Office Address:

2045 Fountain Professional Court, Suite A

Enter Florida street address

Navarre

City

, Florida 32566

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John M. O'Neill, III	8500 Fowler Avenue	<input type="checkbox"/> Add
		Pensacola, FL 32534	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael L. Johnson	Post Office Box 5	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32531	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECURITY INFORMATION


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ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 05-17-2011 BY 60322
UCBAW

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) **Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 5/8, 2017

5/8, 2017



Signature of a member or authorized representative of a member

John M. O'Neill, III

Typed or printed name of signee