# L08000000453

· (Re	equestor's Name)			
(Address)				
(Ac	ddress)	<u></u>		
(Ci	ty/State/Zip/Phone i	<del>#</del> )		
PICK-UP	☐ WAIT	MAIL .		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to Filing Officer:				
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08 APR 21 PM 2: 44

T. HAMPTON

APR 2 2 2008

**EXAMINER** 

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SUBJE	CCT: OSTRE, UC.				
	(Name of Limited Liability Company)				
The en	closed Articles of Amendment and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:					
	RAFAEL J. FARRE				
	COSTRE LUC				
	16 South AVENUE WEST # 123				
	CAMPOND NT 07016				
	(City/State and Zip Code)				
For fur	ther information concerning this matter, please call:				
K	(Name of Person) at (QVB) 311-99-99 (Area Code & Daytime Telephone Number)				
Enclose	ed is a check for the following amount:				
<b>\$25</b>	.00 Filing Fee  Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$55.00 Filing Fee & \$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

April 16, 2008

Florida Department of State Division of Corporations PO Box 6327 Tallahassee, FL 32314

Please accept our addendum to change the name of our organization from COSTRe, LLC to AUDITRe, LLC.

All addendum forms, certificates and fees are enclosed.

Best Regards

-Rafael J. Fabre

COSTRe, LLC. 16 South Avenue West, #123 Cranford, NJ 07016-2811

908.377.8989 Phone 908.354.4455 Fax

rfabre@costre.com

www.COSTRe.com

**COSTRe** 

**Audit Recovery Specialists** 

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF EUC SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR 21 PM 2: 45

(Zip Code)

(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 Li	iability Company were filed on $\frac{\int N}{2}$ , $\frac{2}{2}$ and assigned
Florida document number <u>LD 9 0 0 0</u> 5	200453
This amendment is submitted to amend the folk	owing:
A. If amending name, enter the new name of	f the limited liability company here:  The the words "Limited Liability Company," the designation "LLC" or the abbreviation
The new name must be distinguishable and end wit "L.L.C."	In the words "Limited Liability Company," the designation "LLC" or the abbreviation
B. If amending the registered agent and/orthe new registered of	or registered office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	Florido

### 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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

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

MGR = Manager

Title -	<u>Name</u>	Address	Type of Action
			Add Remove
	<del></del>		Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
·			Add Remove
D. If amer  		ge(s) here: (Attach additional sheets, if necessary.)  WAR THE NEW L.L.C.	DIVISION OF CORPOR  OB APR 21 PM (
 Dated	1001111		PM 2: 45
		or or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00