

LO8000000882a

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000020869 3)))



H100000208693ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6303

From: Account Name : A.A.ALI, CPA
Account Number : 120000000192
Phone : (407) 298-3900
Fax Number : (407) 298-0660

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ASSET RECLAIM SERVICE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

FILED
2010 FEB - 1 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

10 FEB - 1 AM 6:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

A. LUNT

FEB - 2 2010

EXAMINER

((H10000020869 3)))

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF
ASSET RECLAIM SERVICE, L.L.C.**
(A Florida Limited Liability Company)

2010 FEB -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on JANUARY 20, 2009 and assigned Florida document number **L08000008822**

This amendment is submitted to amend the following:

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

ASSET RECLAIM SERVICES, L.L.C.

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:

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.

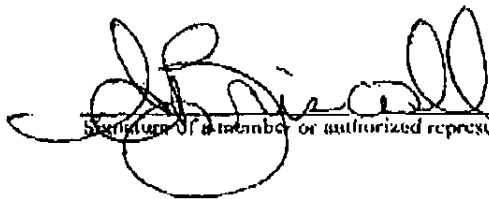
(If Changing Registered Agent, Signature of New Registered Agent)

((H10000020869 3)))

((H10000020869 3)))

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



Signature of a member or authorized representative of a member

ANGELA BRISCOLL

Typed or printed name of signee

2010 FEB -1 PM 12:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
1/27/2010

FILED

((H10000020869 3)))
((H10000019568 3)))