

L08000036287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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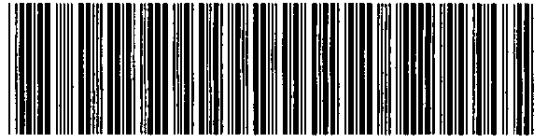
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. HAMPTON
SEP - 3 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CRB Asset Management, 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:

Rhonda L. Bernhard

(Name of Person)

Bay Area Legal
Services and Asset Recovery L.L.C. → Bay Area Legal Services and Asset Recovery L.L.C.
(Firm/Company)

21219 Preservation DR

(Address)

Land O LAKES, FL 34638

(City/State and Zip Code)

For further information concerning this matter, please call:

Rhonda Bernhard

(Name of Person)

at (813) 766-1815

(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

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CRB Asset Management 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 4/9/08 and assigned
Florida document number L08000036287.

This amendment is submitted to amend the following:

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

Bay Area Legal Services and Asset Recovery 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:

(Principal office address MUST BE A STREET ADDRESS)

21219 Preservation Dr

Land O Lakes, FL 34638

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:

Rhonda Bernhard

New Registered Office Address:

21219 Preservation Dr.

(Enter Florida street address)

Land O Lakes

(City)

Florida

34638

(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 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.

Rhonda Bernhard

(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>
MGR	Rhonda Chris Bernhard	21219 Preservation Dr Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Rhonda Bernhard	21219 Preservation Dr Land O Lakes, FL 34638	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Chris Bernhard	21219 Preservation Dr Land O Lakes, FL 34638	<input checked="" 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.)

Type of business will be Private Investigating Agency

Dated August 22, 2008

Rhonda Bernhard

Signature of a member or authorized representative of a member

Rhonda Bernhard

Typed or printed name of signee

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TALLAHASSEE, FLORIDA