

108 000047023

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

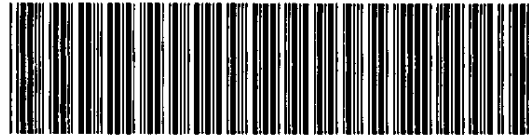
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SEP 8 - 2010

EXAMINER



700184941987

09/07/10--01014--003 **60.00

FILED
10 SEP - 7 AM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **STAGING & DESIGN RESOURCE, 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:

SHARON SNYDER MARTIN

Name of Person

A1A FINANCIAL RECOVERY, LLC

Firm/Company

1602 STAFFORD AVE

Address

MERRITT ISLAND, FL 32952

City/State and Zip Code

SHARONMARTINCB@AOL.COM

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

For further information concerning this matter, please call:

SHARON MARTIN

Name of Person

at (**321**)

693-2330

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**

STAGING & DESIGN RESOURCES, 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 MAY 9, 2008 and assigned
Florida document number L08000047023.

This amendment is submitted to amend the following:

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

A1A FINANCIAL 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)

1602 STAFFORD AVE

MERRITT ISLAND, FL 32952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1602 STAFFORD AVE

MERRITT ISLAND, FL 32952

FILED
10 SEP -7 AM 10:08
TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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:

1602 STAFFORD AVE

Enter Florida street address

MERRITT ISLAND

City

Florida

32952

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.

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:

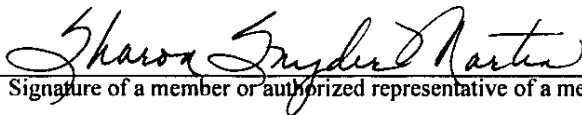
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	AGATHA ANDERSON	420 MOORE PARK LN. #303 MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	RUTH YOUNG	836 LIMERICK DR MERRITT ISLAND, FL 32953	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated AUGUST 30, 2010


Signature of a member or authorized representative of a member

SHARON SNYDER MARTIN

Typed or printed name of signee