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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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NOV 1 7 2016 S. YOUNG SECRETARY OF STATE TALLAHASSEC, FLORIDA

COVER LETTER

	gistration Sect vision of Corpo				
CHO IFAT	Collateral Re	covery Group LLC			
SUBJECT		Name of Limi	ted Liability Company	····	
		mendment and fee(s) are subsidence concerning this matter to			
		Lisa Batman			
			Name of Person		
		Collateral Recovery Group	LLC		
			Firm/Company		5 .00
		2052 Guava Drive			5年
		U.S.L.C. VILLANDETT TO ST. TREET	Address		0 E
		Edgewater, Florida 32141			16 NOV 16 PM
		info@crgnow.com	City/State and Zip Code		6 PM 5: 03
		. E-mail address: (t	o be used for future annual report notifi	cation)	ယ 🕏
For further	information cor	ncerning this matter, please ca	dl:		
Lisa Batma			386 216-3936 at ()		_
	Name of	Person	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 F Certificate of S Certified Copy (additional copy i	Status &

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

Collateral Recovery Group, LLC		
(Name of the Lim	ited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)
The Articles of Organization for this Limited I	Liability Company were filed on	8-4-2008 and assigned
Florida document number L08000074428	·	
This amendment is submitted to amend the fol	lowing:	
A. If amending name, enter the new name	of the limited liability compan	y here:
The new name must be distinguishable and contain the	words "Limited Liability Company," t	the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	The Chi
(Principal office address MUST BE A STRE	ET ADDRESS)	5 CE
Enter new mailing address, if applicable:		5 27 TE
(Mailing address MAY BE A POST OFFICE	<u> </u>	5 CO
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the name of the I
Name of New Registered Agent:	Lisa Batman	
New Registered Office Address:	2052 Guava Drive	· Florida street address
	Edgewater	, Florida ³²¹⁴¹
		, FIUTIUA

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>	Address	Type of Action
MGRM	Shannon K. Balmer	2052 Guava Drive	☐ Add
		Edgewater, Florida	
		32141	Change
MGRM	Lisa Batman	2052 Guava Drive	■ Add
		Edgewater, Florida	Remove
		32141	Change
			16 AMAD ATT
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	nust be specific and cannot block does not meet the	be prior to date of filing applicable statutory	or more than 90 days after fili	ing.) Pursuant to 605.020
e record specifies a delay The 90th day after the re		out not an effecti	ve time, at 12:01 a.n	n. on the earlier o
ated September 30	$\frac{1}{2016}$	Amos a		
	dus you	OIN WY	ative of a member	
	Signature of a member	or authorized represent	ative of a member	

Page 3 of 3

Filing Fee: \$25.00