L09000028481

Office Use Only



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11/16/09--01042--025 **25.00

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

B. KOHR
NOV 1 8 2009
EXAMINER

COVER LETTER

Name of Limi s of Amendment and fee(s) are sub espondence concerning this matter	_	09 NON 16 THIS.
Name of Limi s of Amendment and fee(s) are sub espondence concerning this matter	ted Liability Company omitted for filing. to the following: Jeffrey Paine	09 NON 16 PM 16
espondence concerning this matter	to the following: Jeffrey Paine	OSHOW 16 PAIN.
Jupit		
Jupit		
Jupii	ter Asset Recovery, LLC	•
	Firm/Company	<u> </u>
	4300 Main Street	
	Address	
	Jupiter, FL 33458	
	to be used for future annual report notifica	lion)
Jeffrey Paine	at (561) 42	27-7904
ne of Person	Area Code & Daytime T	elephone Number
or the following amount:		
\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
gistration Section vision of Corporations D. Box 6327.	Registration Section Division of Corporati Clifton Building 2661 Executive Center	ons er Circle
	E-mail address: (i) on concerning this matter, please of Jeffrey Paine me of Person or the following amount: \$30.00 Filing Fee & Certificate of Status AILING ADDRESS: gistration Section vision of Corporations	Street Address

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Jupiter Asset Recovery, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 3/23/2009 The Articles of Organization for this Limited Liability Company were filed on _____ and assigne L09000028481 Florida document number ____ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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: Jeffrey Paine Name of New Registered Agent: 4300 Main Street New Registered Office Address: Enter Florida street address Jupiter . Florida City 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

Page 1 of 2

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>	Address	Type of Action
MGR	Alfred Zucaro, Jr		Add Remove
<u>MGR</u>	Jeffrey Paine	4300 Main Street Jupiter, FL 33458	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
-			_ _
Dated	Signapare of a m	negriber or authorized representative of a member	
	ALFR	Typed or printed name of signee	

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Filing Fee: \$25.00