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EXAMINER

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COVER LETTER

TO:	Registration Secti Division of Corpo					
SUBJE	СТ:		ified Collections, L	LC	-	
		Name of Limi	ted Liability Company			
The enc	losed Articles of An	nendment and fee(s) are sub	omitted for filing.			
Please r	eturn all correspond	ence concerning this matter	to the following:			
			Jacob Jordan			
	Name of Person					
American Certified Collections, LLC						
Firm/Company						
P.0			P.O. Box 14486		_	
			·			
			Bradenton, FL 34209			
			City/State and Zip Code			
E-mail address: (to be used for future annual repo	ort notification)	-	
For furt	her information con	cerning this matter, please o	eali:			
	Jennife	er Fairbanks	at (_941_)	799-2588		
Name of Person		Area Code &	Daytime Telephone Numb	oer Ju		
Enclose	d is a check for the	following amount:	·		**************************************	
	00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Certifi nclosed) Certifi	Filing Fec, cate of Status & ed Copy onal copy is enclosed)	
	MAILIN	G ADDRESS:	STREET/O	OURIER ADDRESS:		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

American Certified C	ollections,	LLC	
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	is it now appear ility Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company we	re filed on	05/18/2009	and assigned
Florida document number L09000048546 .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	y company her	<u>e</u> :	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Compa	ny," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applicable:		TAL	2009
(Principal office address MUST BE A STREET ADDRESS)		<u>></u>	<u>\$</u>
Enter new mailing address, if applicable:		ARY OF S	
(Mailing address MAY BE A POST OFFICE BOX)		ORIO A	<u>.</u>
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on o	our records, <u>enter th</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fn	ter Florida street addr	ess
	2377	, Florida	*****
	City	, rioriua	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>	Address	Type of Action
MGR	William Gaeta	P.O. Box 14486 Bradenton, EL 34209	AddRemove
<u>MGRM</u>	Jacob Jordan	P.O. Box 14486 Bradenton, FL 34209	✓ Add ☐ Remove
			Add Remove
	<u> </u>		Add Remove
		HASSEE, FL	RETARN OF STATE
		ORIDA	Add Remove
D. If amendi	ng any other information, enter chang	c(s) here: (Attach additional sheets, if necessary	<i>v.)</i>
		•	
Dated	lewis ?	Fanberro	
-		r or authorized representative of a member ennifer Fairbanks For printed name of signee	

Page 2 of 2

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