

#L10000003171

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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2015 JUN 11 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUN 12 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
15 JUN 11 PM 2: 57
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TALLAHASSEE, FLORIDA

June 3, 2015

DIVERSIFIED ASSET RECOVERY LLC
BRUCE MANSSUER
2700 HAZELHURST AVE.
ORLANDO, FL 32804

SUBJECT: DIVERSIFIED ASSET RECOVERY LLC
Ref. Number: L10000003171

We have received your document for DIVERSIFIED ASSET RECOVERY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 615A00011651

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Diversified Asset Recovery, 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:

BRUCE MANSSUER

Name of Person

DIVERSIFIED ASSET RECOVERY, LLC

Firm/Company

2700 HAZELHURST AVENUE

Address

ORLANDO, FL 32804

City/State and Zip Code

bmanssuer@diversifiedrecycling.com

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

For further information concerning this matter, please call:

BRUCE MANSSUER

239 896-0908
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 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**

DIVERSIFIED ASSET RECOVERY, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/11/2010 and assigned
Florida document number L000003171 #L10000003171

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 contain 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:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City, **Florida**

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 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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------------------------|----------------------|--|
| AMBR | INTEGER HOLDINGS, INC. | 2700 HAZELHURST AVE. | <input type="checkbox"/> Add |
| | | ORLANDO, FL 32804 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| AMBR | integer recycling holdings, inc. | 2700 hazelhurst ave. | <input checked="" type="checkbox"/> Add |
| | | orlando, fl 32804 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
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| | | | <input type="checkbox"/> Change |

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CLERK OF CIRCUIT COURT
JULIA A. OF CALIFORNIA
CALIFORNIA

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

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ST. LOUIS
MISSOURI

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 26, 2015

Prunella

Signature of a member or authorized representative of a member

BRUCE MANSSUER

Typed or printed name of signee