1-1000000171

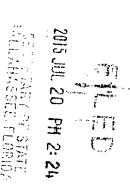
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	1-11-11-11
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400274276124

07/20/15--01007--013 **25.00



JUL 2 1 2015 Y SULKER

COVER LETTER

ij

TO: Registration S Division of Co			<u>.</u>
Ľ.	FIED ASSET RECOVERY, LLC	·	•
SUBJECT:			
	Name of Limit	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are subr	nitted for filing.	
Please return all corresp	ondence concerning this matter t	to the following:	
	BRUCE MANSSUER		
		Name of Person	
		Marie of Person	
		Firm/Company	
	2700 HAZELHURST AVE	ENUE	
	ORLANDO, FL 32804		
City/State and Zip Code			
	bmanssuer@diversifiedrecy	-	
	E-mail address: (to be used for future annual report notifica	tion)
For further information	concerning this matter, please co	all:	
BRUCE MANSSUER		239 896-0908 at ()	
Name	e of Person		elephone 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)
Regi	ILING ADDRESS: stration Section	STREET/COURIED Registration Section	
Divi	sion of Cornorations	Division of Corporat	ions II

P.O. Box 6327 Tallahassee, FL 32314 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) The Articles of Organization for this Limited Liability Company were filed on $\frac{1/11/2010}{1}$ and assigned Florida document number 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 Florida Zip Code City 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

MGR = M MBR = A	lanager uthorized Member		
itle	<u>Name</u>	Address	Type of Action
MBR	Integer Recycling, Inc.		□ Add
		2700 Hazelhurst Avenue	■ Remove
		Orlando, Fl 32804	□ Change
MBR Diversified Recycling, Inc.	2700 Hazelhurst Avenue	Add	
		Orlando, Fl 32804	Remove
			☐ Change
	<u> </u>		Add
	,		☐ Remove
			25 55 2 □€hange γ
· · · · · · · · · · · · · · · · · · ·			No. 20 Add
	•		Remove
			□ Change
		·	Add
·			Remove
	•		☐ Change
			Add
			☐ Remove
			☐ Change

		,		1	
					· · · · · · · · · · · · · · · · · · ·
			·····		
	<u> </u>				
				ŀ	
-				····	
					<u> </u>
	-1181				
			·		

				<u> </u>	2015
				- AH	;
				55	
			<u> </u>	ri r	~* <u>`</u>
					3 N
effective date, if oth	ner than the date of fili d, the date must be specific a	ing:	of filing or more than 9	(optional)	Purple to 605 0
ran effective date is lister	rted in this block does no	ot meet the applicable s	tatutory filing require	ments, this date	will not be listed
Note: If the date inser	late on the Department of	if State's records.			
Note: If the date inser					
<u>Note:</u> If the date inser document's effective d	s a dolastod offorbise	s data. Sout wat an		1301	oo tha couling
Note: If the date inser locument's effective d se record specifies	s a delayed effective ter the record is file	e date, but not an	effective time, at	12:01 a.m.	on the earlier
Note: If the date inser document's effective d se record specifies The 90th day aft	s a delayed effective ter the record is file	ed.	effective time, at	: 12:01 a.m.	on the earlier
Note: If the date inser document's effective d ne record specifies	s a delayed effective ter the record is file	e date, but not an	effective time, at	t 12:01 a.m.	on the earlier
Note: If the date inser document's effective d he record specifies The 90th day aft	s a delayed effective ter the record is file	ed.	effective time, at	: 12:01 a.m.	on the earlier
Note: If the date inser locument's effective d se record specifies The 90th day aft	ter the record is file	2015 	,		on the earlier
Note: If the date inser document's effective d he record specifies The 90th day aft	ter the record is file. Signature of	ed.	,		on the earlier

Page 3 of 3

Filing Fee: \$25.00