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C. LEWIS

AUG: -3 2010.

EXAMINER

## **COVER LETTER**

TO: Registration S Division of Co	ction porations	
•	Share Financial Recovery, LLC Name of Limited Liability Company	
,	Name of Emitted Elabitity Company	
The enclosed Articles of	Amendment and fee(s) are submitted for filing.	
Please return all correspondent	ndence concerning this matter to the following:	
	Dana Gayoso	
	Name of Person	
	Timeshare Financial Recovery, LCC	·
	3505 South Ocean Drive	
	Hollywood, FL 33019 City/State and Zip Code	
	in Co. A. S. C. Canada Carlo Code	
	Info@+ Sfrecovery.com E-mail address: (to be used for future annual report notification)	
For further information of	oncerning this matter, please call:	
Dono	GO. 1250 0611 022 - 2225	
Name o	Gayaso at (954) 2:70 -8335  Area Code & Daytime Telephone Number	•
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England in a liberty for a	·	
Enclosed is a check for t		
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

FILED 2018 AUG - 2 PM # 28

Timeshare f	inancial	Reco	very, La	CHETARY OF STATION OF STATION
(Name of the Limited) (A	Liability Company Florida Limited Liab	as it now appear oility Company)	rs on our records.	<del>-</del>
The Articles of Organization for this Limited Lie Florida document number <u>L 1000004</u>	• • •	ere filed on	4/19/10	and assigned
This amendment is submitted to amend the following	wing:		:	
A. If amending name; enter the new name of	the limited liabilit	y company he	re:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited	Liability Comp	any," the designation	"LLC" or the abbreviation
	·			
Enter new principal offices address, if applica	ble:			
(Principal office address MUST BE A STREET	ADDRESS)		<u> </u>	<u> </u>
	·	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
		•	. •	
Enter new mailing address, if applicable:	•			
(Mailing address MAY BE A POST OFFICE B	= - BOX)		, , , , , , , , , , , , , , , , , , , ,	,
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	_			
B. If amending the registered agent and/or registered agent and/or the new registered off	r registered office ice address here:	address on	our records, <u>ente</u>	r the name of the new
		· •		
Name of New Registered Agent:			<u> </u>	<u></u>
New Registered Office Address:				<u> </u>
The second s	Annual Control of the	Ei	nter Florida street d	uddress
		,	. Florida	
	. (	City	, 1 101 144	Zip Code
New Registered Agent's Signature, if changing Re	egistered Agent:	AF .		

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

Title Name Address Type of Action  MGRM Michaels. Ethus 2017 30uth Ocran Drive Add Hallandale, FL 33019 Remove  Add Remove  Add Remove  Add Remove  Add Remove  Add Remove  Add Remove	MGR = Manag	<u>Member being added</u> ger naging Member		· .	دن -			
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Signature of a member or authorized representative of a member  Dana Gayoso	: -	Sign	<u></u>		<b>(</b> )	of a member		三元 6

Page 2 of 2

Filing Fee: \$25.00