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EXAMINER



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SEGRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: FEE RECOVERY SPECIALISTS 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:				
ARTHUR B. JOHNSON Name of Person FEE RECOVERY SPECTALISTS LLC Firm/Company				
FEE RECOVERY SPECTALISTS LLC				
4449 POWERLIVE ROAD				
FORT LAUDERDALE FZ 33309 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
AATHUR B. JOHNSON at (754) 234-5666 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Satus Solution Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee Certified Copy (additional copy is enclosed) \$25.00 Filing Fee 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

He 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 4/20/20/0Florida document number <u>110000043191</u> 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street addres 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 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

If Changing Registered Agent, Signature of New Registered Agent

company has been notified in writing of this change.

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

.

<u>Title</u>	<u>Name</u>	Address	Type of Action
1 GRM	ARTHUR B. JOHNSON	FORT LANDSPARENT ROAD 33309	Add Remove
			Add Remove
			Add Remove
D. If amend	ing any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
_			
Dated		r authorized representative of a member	
	ARTHUR B	TOTAN SON	

Page 2 of 2

Filing Fee: \$25.00