

L10000043196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

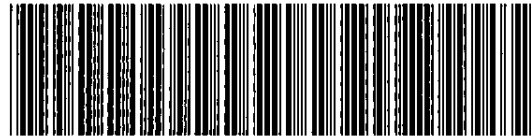
Special Instructions to Filing Officer:

L. SELLERS

JUL 28 2011

EXAMINER

Office Use Only



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07/26/11--01018--012 **55.00

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M JUL 26 PM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FOE RECOVERY SPECIALISTS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

STEVEN BAKER ESQ.
Name of Person

BAKER & RECK CHARTERED
Firm/Company

2500 E. HALLANDALE BEACH BLVD #705
Address

HALLANDALE, FL 33009
City/State and Zip Code

myfoerecovery@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEVEN BAKER at (954) 455-1933
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

(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 04/20/2010 and assigned Florida document number L0000043196.

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:

STEVEN BAKER ESQ

New Registered Office Address:

2500 E. HALLANDALE BEACH BLVD # 705

Enter Florida street address

HALLANDALE

City

, Florida 33009

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

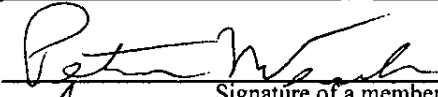
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	ARTHUR JOHNSON	4449 POWER LINE ROAD FORT LAUDERDALE FL 33309	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SATOKA BAKER	2500 E. HALLANDALE BEACH BLVD #705 HALLANDALE, FL 33009	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
PRES.	PETER WERNERKEN	300 SE 9 TH STREET ROMANO BEACH 33060	<input checked="" type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 7-23, 2011.



Signature of a member or authorized representative of a member

PETER WERNERKEN

Typed or printed name of signee

SECRETARY OF STATE
TREASURY OF FLORIDA

14 JUL 26 PM 12:57

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