

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

RE-SUBMIT

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 205-8842
Fax Number : (850) 878-5368

date of submission 6/9

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAPLES ASSET RECOVERY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	056
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DIVISION OF CORPORATIONS
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Help

JUN 11 2015



June 10, 2015

FLORIDA DEPARTMENT OF STATE
Division of Corporations

NAPLES ASSET RECOVERY, LLC
2180 IMMOKALEE ROAD
309
NAPLES, FL 34110

SUBJECT: NAPLES ASSET RECOVERY, LLC
REF: L10000086438

RE-SUBMIT

date of submission 6/9

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

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.

Stacey M Mason
Regulatory Specialist II

FAX Aud. #: H15000138953
Letter Number: 415A00012131

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DIVISION OF CORPORATIONS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAPLES 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:

Mayer E. Guttman, Esquire

Name of Person

Levin & Gann, P.A.

Firm/Company

502 Washington Avenue, 8th Floor

Address

Towson, Maryland 21204

City/State and Zip Code

fmarcus@levinggann.com

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

For further information concerning this matter, please call:

Mayer E. Guttman

at (**410**)

321-0600

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

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NAPLES 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 August 17, 2010 and assigned
Florida document number L10000086438.

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) _____

502 Washington Avenue, 8th Floor

Towson, Maryland 21204

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:

CT Corporation

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

City

, Florida 33324

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.

Carrie B. Bay
If Changing Registered Agent, Signature of New Registered Agent

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Ira J. Sugar	2180 Immokalee Road, Suite 309	<input type="checkbox"/> Add
		Naples, Florida 34110	<input checked="" type="checkbox"/> Remove
MGR	Charles Lagasse	c/o Levin & Gann, P.A.	<input checked="" type="checkbox"/> Add
		502 Washington Avenue, 8th Floor	<input type="checkbox"/> Remove
		Towson, Maryland 21204	
			<input type="checkbox"/> Add
			<input 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

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

E. Effective date, if other than the date of filing: June 9, 2015 (optional)
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated June 9, 2015



Signature of a member or authorized representative of a member

Charles Lagasse

Typed or printed name of signer

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Filing Fee: \$25.00

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