110000115319

(Re	questor's Name)	
(4.4)	dress)	
(Ad	aress)	
(4.1		
DA)	dress)	
(0)	10	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filina Officer:	
	g	
		İ
	•	

Office Use Only



100187629961

11/12/10--01006--001 **25.00

TO NOV 12 PM 3: 05

D. BRUCE

NOV 15 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: E. i. Collections, 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:	
Ernesto Tabraue Name of Person	
ET Collections UC Firm/Company	
217 SW 22 Road	
Migmi, ft. 33129 City/State and Zip Code	TO NOV
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	3: U
Ernesto Tabraule at (305) 505-75 Name of Person Area Code & Daytime	35 OF U
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E.T. Collections	ILC	
(Name of the Limited Liability Comp. (A Florida Limited	any as it now appears on our records.) Liability Company)	· · · · ·
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned
Florida document number <u>L10000115319</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Lin" "L.L.C."	nited Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		720
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		10 E
		Be m
B. If amending the registered agent and/or registered of		the name of the new
registered agent and/or the new registered office address he	<u>re</u> :	OF S
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	drass
· · · · · · · · · · · · · · · · · · ·	, Florida	7in Codo

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 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

sto Tabraue	217 SW 22 Road Migmi, FZ 3:3129	Add Remove Add Remove Add Remove
		Remove Add Remove
		Remove
		<u></u>
		Add Remove
		Add Remove
		Add Remove
er information, enter chang	ge(s) here: (Attach additional sheets, if necess	sary.)
 		NOV 12
	210	PH 3: 05 PF STATE FLORIDA
	Signature of a member	ner information, enter change(s) here: (Attach additional sheets, if necess

Page 2 of 2

Filing Fee: \$25.00