L10000119442

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
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COVER LETTER

TO: Registration of Division of	on Section f Corporations	r	
SUBJECT:	All Pro A	Asset Recovery	
	Name of Lim	ited Liability Company	
The enclosed Article	es of Amendment and fee(s) are sul	bmitted for filing.	
Please return all cor	respondence concerning this matter	r to the following:	
		Michael Gautier	3
		Name of Person	
	Α	II Pro Asset Recovery	
		Firm/Company	
		1049 Endeavor Ct.	
		Address	
		Nokomis, FL 34275	
		City/State and Zip Code	
	allproa	ssetrecovery@yahoo.com to be used for future annual report notifi	(cation)
For further informat	ion concerning this matter, please of	•	(valion)
· or racino.	ven concerning and matter, pressee t		485
	Michael Gautier	at (941-)	405 -2464
Na	ame of Person	Area Code & Daytime	e Telephone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	e \$\[\]\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

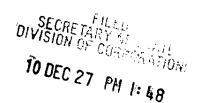
MAILING ADDRESS:

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



All Pro 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 November 16, 2010 and assigned L10000119442 Florida document number 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 address 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Michael Nelson	1049 Endeavor Ct. Nokomis, FL 34275	✓ Add ☐ Remove
MGR	Ronald Henderson	1049 Endeavor Ct. Nokomis, FL 34275	✓ Add ☐ Remove
			_ Add _ Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)	0)\
- -			SECRETARY VISION OF CH
Dated	December 23		PM # 48
	Signatura	of a member or authorized representative of a member	1 Sp 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Signature	Michael Gautier	
		Typed or printed name of signee	

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Filing Fee: \$25.00