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NO #

D. BRUCE

JAN 26 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 19, 2011

RONALD HENDERSON 1049 ENDEAVOR CT NOKOMIS, FL 34275

SUBJECT: ALL PRO ASSET RECOVERY LLC Ref. Number: L10000119442

We have received your document for ALL PRO ASSET RECOVERY LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

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) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 811A00001525



www.sunbiz.org

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TO: Registration Division of Co	Section orporations			
SUBJECT:	Ail Pro /	Asset Recovery		
		ited Liability Company		-
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pondence concerning this matte	r to the following:		
		Ronald Henderson		
		Name of Person		-
	А	II Pro Asset Recovery	ý	
	·	Firm/Company		-
		1049 Endeavor Ct.		
		Address		-
		Nokomis, FL 34275		Av.
•		City/State and Zip Code		
	allproa	ssetrecovery@yahod	o.com	
	E-mail address: (to be used for future annual rep	wrt notification)	ARY OF R
For further information	concerning this matter, please of	call		
Ror	hald Henderson	_{at (} 941.)	451-8064	
Name	of Person		Daytime Telephone Numb	er > Q
Enclosed is a check for	the following amount:			
₽ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is e	enclosed) Certifie	iling Fee, sate of Status & ed Copy onal copy is enclosed)
	LING ADDRESS: tration Section	STREET/ Registratio	COURIER ADDRESS: n Section	
Divis P.O. I	ion of Corporations' Box 6327 nassee, FL 32314	Division of Clifton Bui	Corporations	

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

p.02

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Pro Asset Recovery
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Lunited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on <u>November 16, 2010</u> and assigned Florida document number <u>L10000119442</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)	
	SS SS
	🗒 😫 🕅
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	RIDE RIDE

B. If amending the registered agent and/or registered office address on our records, <u>enter_the_name_of_the_new_registered agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida street address
		, Florida
	City	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

Page 1 of 2

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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

<u>Title</u>	Name	Address	Type of Action
MGR	Michael Nelson	1049 Endeavor Ct. Nokomis. FL 34275	Add Remove
			Add Remove
			_ Add _ Remove
•	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	_
			FIL 11 JAN 25 TALLAHASSEI
		·	N25 ANI

Signature of a member or authorized representative of a member Ronald Henderson	
Signature of a member or authorized representative of a member Ronald Henderson	AL L
Signature of a member or authorized representative of a member Ronald Henderson	JAN 25
Signature of a member or authorized representative of a member Ronald Henderson	P
Signature of a member or authorized representative of a member Ronald Henderson	
Ronald Henderson	C)
Towned as soluted as an of the second	
Typed or printed name of signee	
Page 2 of 2	
Filing Fee: \$25.00	