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TALLAHASSEE, FLORIDA

D. BRUCE
MAR 31 2011
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Assessment Recovery Partners
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:

Anastasia Apostolou
Name of Person
Assessment Recovery Partners
Firm/Company
275 1st Street West
Address
Tierra Verde, FL 33715
City/State and Zip Code
Tasia@assessmentrecoverypartners.com
E-mail address: (to be used for future annual report notification)

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11 MAR 30 AM 4:41
CLERK OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Anastasia Apostolou at (727) 742-3343
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

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

Assessment Recovery Partners

(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 2/28/2011 and assigned
Florida document number L11000025128.

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)

700 Central Ave. Suite 104
Saint Petersburg, Florida 33701

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 530757
Saint Petersburg, Florida 33747

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:

Anastasia Apostolou

New Registered Office Address:

700 Central Ave. Suite 104

Enter Florida street address

Saint Petersburg, Florida

City

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11 MAR 30 AM 11:01
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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.

Anastasia Apostolou

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Anastasia Apostolou	700 Central Ave Suite 104 Saint Petersburg, FL 33701	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		275 1st Street West Tierra Verde, FL 33715	<input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated March 28, 2011

Anastasia Apostolou

Signature of a member or authorized representative of a member

Anastasia Apostolou

Typed or printed name of signee

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11 MAR 30 AM 4:11
CLERK OF STATE
TALLAHASSEE, FLORIDA