# 1100017534

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
L. SELLERS				
JAN 18 2012				
EXAMINER				

Office Use Only



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12 JAN 17 PH 12: 81: SECRETARY OF STATE TALLAHASSEE, FI DRIPA

## **COVER LETTER**

TO:	Registration Sect Division of Corpo			No. of the second secon
SUBJI	ECT:	Reliance	Recovery LLC ed Liability Company	
-	1	Name of Limit	ed Liability Company $\ell$	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	lence concerning this matter	to the following:	
		Ken	Lewis Name of Person	
			Name of Person	
		attorney	Processing Soluti	۵ ۸۵
	••	13205 U	5 Hwy. one 5te 3	02
		Juno Bo	City/State and Zip Code	
			Horney Processing. Como be used for future annual report notification	
For fu	ther information con	cerning this matter, please ca	all:	
	5teve	Arnold	at (561) 228 - 5 Area Code & Daytime Te	Indiana Number
	Name of 1	CISOII	Area Code & Daytime Te	repriorie Number
Enclos	ed is a check for the	following amount:		
\$25	5.00 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

Reliance Recov	very LC					
(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 Compar	any were filed on and assigned					
Florida document number <u>L //0001175 34</u> .	·					
This amendment is submitted to amend the following:						
<del></del> -						
A. If amending name, enter the new name of the limited lia	iability company here:					
The new name must be distinguishable and end with the words "Liu"L.L.C."	imited Liability Company," the designation "LLC" or the abbreviation					
L.B.C.						
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDRESS)	<u> </u>					
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 h	<u>here</u> :					
Name of New Registered Agent:						
New Registered Office Address:						
Now Registered Office Address.	Enter Florida 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 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>	Address	Type of Action				
MGRM	Nicholas Rojo Jr.	5380 N. Ocean Dr. #18 Ht Singer Fland, FL. 33404-254	Add Remove				
<del></del>			Add Remove				
	- 		Add Remove				
			Add Remove				
			Add Remove				
			Add Remove				
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	12 JAN				
		ASSEC, FLO	ILED MR2: 81				
Dated	1-12- , 20/2	⊅	TAI ST				
	V	or authorized representative of a member  OCOUCLING CUSHM  or printed name of signee	<u>an</u>				

Page 2 of 2

Filing Fee: \$25.00