

L11000139296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

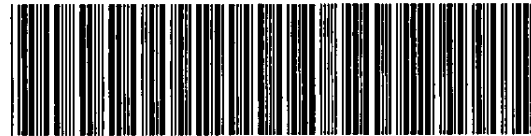
☐ MAIL

(Business Entity Name)

(Document Number)

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FEB 22 2012

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 13 PM 12:27

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CONSUMER FRAUD COLLECTIONS LLC
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 FEB 13 PM 12:27

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

SAMUEL MINEO
Name of Person

CONSUMER FRAUD COLLECTIONS LLC
Firm/Company

818 U. S. Hwy 1 Suite 6
Address

NORTH PALM BEACH, FL 33408
City/State and Zip Code

SAMMINEO@CONSUMERFRAUDCOLLECTIONS/LLC.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL MINEO at (561) 249-7510
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

CONSUMER FRAUD COLLECTIONS LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED STATE
SECRETARY OF CORPORATION
12 FEB 13 PM 12:27
DIVISION OF CORPORATION

The Articles of Organization for this Limited Liability Company were filed on 12/12/2011 and assigned
Florida document number L11000139296.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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**)

N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

Shirley Mineo - Bigos

New Registered Office Address:

339 Woods point RD.

Enter Florida street address

Osprey

Florida

34229

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.

Shirley Mineo - Bigos
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>
MGR	Samuel Mineo	200 Park Avenue #17 Lake Park, FL 33403	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Shirley Bigos	339 Woodspoint Road Osprey, FL 34229	<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 _____


Signature of a member or authorized representative of a member

Samuel Mineo

Typed or printed name of signee