

L12 000 0 10514

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers OCT 28 2014

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6141



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 1, 2014

MARIO ANGEL
8067 NW 71 CT
TAMARAC, FL 33321

SUBJECT: TOTAL ASSETS RECOVERY & REMARKETING GROUP LLC
Ref. Number: L12000010514

We have received your document for TOTAL ASSETS RECOVERY & REMARKETING GROUP LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 314A00017690

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

TOTAL ASSETS RECOVERY AND REMARKETING GROUP

(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 01/23/2012 and assigned Florida document number L12000010514.

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)

4797 NW 116 TER.

CORAL SPRINGS, FL 33076

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4797 NW 116 TER.

CORAL SPRINGS, FL 33076

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:

MARIO ANGEL

New Registered Office Address:

4797 NW 116 TER.

Enter Florida street address

CORAL SPRINGS

, Florida

City

SECRETARY OF STATE
ALLAHABAD, FLORIDA
14 OCT 24 AM 11:17
33076

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 605, 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

MGR = Manager
AMBR = Authorized Member

<u>UGR</u>	<u>BENIER RODRIGUEZ DELSO</u>	<u>8421 NW 138 ST. # 2404</u> <input type="checkbox"/> Add
		Miami Lakes, FL 33016 <input checked="" type="checkbox"/> Remove

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 WASHINGTON, D.C. 20520

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated OCTOBER 18 / 2014 , _____

Signature of a member or authorized representative of a member

MARIO ANGEL

Typed or printed name of signee

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Filing Fee: \$25.00

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