# L12000044589

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## **COVER LETTER**

NOUTOTAD ACC				
		SEMENT, LLC		
	Name of Li	mited Liability Company		_
ticles of Amendment a	and fee(s) are su	bmitted for filing.		
correspondence conce	rning this matte	r to the following:		
		Name of Person		
BRIGH	TSTAR ASS	SET MANAGEMENT,	LLC	
		Firm/Company		
2100 P	once de Lec	on Blvd, #720		
		Address		
Coral C	ables, FL 3	3134		
<del></del>		City/State and Zip Code		2011
	E-mail address:	(to be used for future annual re	port notification)	2014 AUG5 
mation concerning this	s matter, please	call:		(1)
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Name of Person		Area Code	Daytime Telephone Num	The second of
eck for the following a	mount:			•
		☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi sed) Certifi	Filing Fee, icate of Status & ied Copy inal copy is enclosed)
	BRIGH  2100 P  Coral Comment of Person  eck for the following as Fee \$30.00	Name of Lie  ticles of Amendment and fee(s) are su correspondence concerning this matte  BRIGHTSTAR ASS  2100 Ponce de Leo  Coral Gables, FL 3  E-mail address: mation concerning this matter, please  Name of Person	Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Name of Person	Name of Limited Liability Company  ticles of Amendment and fee(s) are submitted for filing.  correspondence concerning this matter to the following:    Name of Person

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

### BRIGHTSTAR ASSET MANAGEMENT, LLC

(Name of the Limited	Liability Compa Florida Limited 1	iny as it now appears on or Liability Company)	ur records.)		_	
The Articles of Organization for this Limited Liab L12000044589	oility Company	were filed on	2012	and	assigne	ed
This amendment is submitted to amend the follow	ving:					
A. If amending name, enter the new name of t	he limited liab	ility company here:				
The new name must be distinguishable and end with the wo	ords "Limited Liab	oility Company," the designa	ation "LLC" or th	ne abbreviatio	n "L.L.C	<del></del>
Enter new principal offices address, if applical	ole:	2100 Ponce de L	₋eon Blvd			
(Principal office address MUST BE A STREET		Suite 720		27.53	53	
		Coral Gables, FL	33134	2.2	Tip.	***
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE Bo	ov.	2100 Ponce de L Suite 720	₋eon Blvd, #	720	5 -5 TH	1
Trianing duaress may be a rost of fice by	<u>UA)</u>	Coral Gables, FL	. 33134		<del></del>	7.
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent:			records, ente	er the nar	ne of t	the nev
	2100 Ponce	e de Leon Blvd, #72	20			
New Registered Office Address:		Enter Florida stre				
	Coral Gable	es	. Florida	33134		
		City	, г югіца _	Zip Co		

### 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

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Acti
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ASSETS RECOVERY 23, LLC	
2100 Ponce de Leon Blvd, #720	
Coral Gables, FL 33134	
tive date, if other than the date of filing:  Tective date must be specific, cannot be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
Tective date, if other than the date of filing:  Tective date must be specific, cannot be prior to date of receipt or filed date and cannot ate this document is filed by the Florida Department of State)  June 30, 2014  Signature of a member or authorized representative	

Page 3 of 3

Filing Fee: \$25.00