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COVER LETTER

	ion Section of Corporations
SUBJECT: <u>E</u>	E Check Collect of Florida, LLC Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Ashley Haywood Name of Person
	Check Recovery of Florida, LLC
	3545 8th Ave N
	St Petersburg, FL 3371'3
	St Petersburg, FL 33713 City/State and Zip Code ashley b Naywood @ gmail. com E-mail address: (to be used for future annual report notification)
For further informa	ation concerning this matter, please call:
Ashley	Haywood at (813) 220 9994 Area Code & Daytime Telephone Number
4	k for the following amount:
\$25.00 Filing F	Cee \$\int_\$30.00 Filing Fee & \$\int_\$\$55.00 Filing Fee & \$\int_\$\$60.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) 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

)F

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•	Or			
_ E Check Col	llect of	Florida	<i>(</i>	12 AMS -8 PH 12: 45
(Name of the Limited L (A F	iability Company lorida Limited Lia	as it now appears of bility Company)	n our records.)	SPORE 1/37 OF STATE ALLAHASSEE, FLORID
The Articles of Organization for this Limited Liab	oility Company w	ere filed on	29/12	and assigned
Florida document number <u>L12000860</u>	<u>45</u> .		, ,	
Γhis amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of the				
Check Recovery of	- Florid	a, LLC	9.1	WILCE A Landing
The new name must be distinguishable and end with the L.L.C."	the words "Limited	i Liability Company,	the designation	"LLC" or the appreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		3545 8	3th Ave	2 N
		St Peters	burg,	FL 33713
•				
Enter new mailing address, if applicable:		3545 8	3th Ave	N
Mailing address MAY BE A POST OFFICE BO	<u>0X)</u>	St Peter	sava	, FL 33713
			<u> </u>	
B. If amending the registered agent and/or	registered offic	e address on our	records, ente	r the name of the new
registered agent and/or the new registered office	•		, <u></u>	
N CN D to la t				
Name of New Registered Agent:	25115	C+th W		
New Registered Office Address:	3545		Florida street a	uddress
	St Pete	ristaira	, Florida	33713
		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:

	Manager I = Managing Member		
<u>Title</u>	Name	Address	Type of Action
	_		Add Remove
			Add Remove
			Add Remove
	_		Add Remove
			Add Remove
			Add Remove
D. If ar	nending any other information, enter change Just amending and addresses	company name Company name All SEE FILE FILE	FILED. 12 808 -8 PH 12: 45
Dated _	7 31 12 Signature of a member Abyley Typed	or authorized representative of a member House of signee	5

Page 2 of 2

Filing Fee: \$25.00