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(F	Requestor's Name)
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A)	address)
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K.SALY EXAMINER DEC 17 2012

COVER LETTER

TO:

Registration Section Division of Corporations .

DEBT RECOVERY SYSTEM, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Marius Ged

Name of Person

Ellis, Ged & Bodden, P.A

Firm/Company

7171 North Federal Highway

Address

Boca Raton, FL. 33487

City/State and Zip Code

mged@ellisandged.com

E-mail address; (to be used for future annual report notification)

For further information concerning this matter, please call:

Kimone Hall

 $at \ (\underline{ 561, 910\text{-}8245} \\ \underline{ \text{Area Code \& Daytime Telephone Number} }$

Name of Person

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)

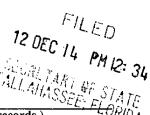
MAILING ADDRESS:

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



Debt Recovery System, LLC

(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 L	iability Compar	ny were filed on 08	/16/2012	and assigned
Florida document number L12000105961	·			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited lia	ability company he	re:	
n/a				
The new name must be distinguishable and end wi"L.L.C."	th the words "Lir	mited Liability Comp	any," the designation "l	LC" or the abbreviation
Enter new principal offices address, if applie	cable:	n/a		
(Principal office address MUST BE A STREI	ET ADDRESS)			
Enter new mailing address, if applicable:				
·	B O V			
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			
B. If amending the registered agent and			our records, enter t	he name of the new
registered agent and/or the new registered o	ince address no	<u>ere</u> :		
Name of New Registered Agent:	n/a			
New Registered Office Address:				
-		Ei	nter Florida street ada	ress
			, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title <u>Address</u> **Type of Action Name** 7171 North Federal Highway **MGRM** Ellis Ged and Bodden, P.A. Boca Raton, FL 33487 Remove 7171 North Federal Highway 🔽 Add Ged, Gharles C MGR Boca Raton, FL. 33487 Remove Remove

n/a	ny other information, enter change(s) nere. (Anach adamonal she	cis, if necessary.	
	:			2
				
Dated	12/3 1 20	12.		
	/ TURI	r authorized representative of a m MAGIVS SEW	ember	