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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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COVER LETTER

TQ:

Registration Section Division of Corporations

Subject. Allied Collection Associates 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:

Nancy Silva

Name of Person

Allied Collection Associates LLC

Firm/Company

10256 S US Hwy 1

Address

Port Saint Lucie FL 34952

City/State and Zip Code

christophermiano@ymail.com

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

For further information concerning this matter, please call:

Nancy Silva

₄₇800₃624-6535

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

Allied Collection Associat		
(Name of the Limite	d Liability Company as it now appears on A Florida Limited Liability Company)	our records.)
The Articles of Organization for this Limited		2013 and assigned
Florida document number L1300004054	· · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and end v	vith the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
5.2.0,		2013 ALL:
Enter new principal offices address, if appl	icable:	
(Principal office address MUST BE A STRE	ET ADDRESS)	ART TO
		(5)77
Enter new mailing address, if applicable:		EFS.
Mailing address MAY BE A POST OFFICE	<u> </u>	
B. If amending the registered agent and registered agent and/or the new registered	d/or registered office address on our office address here:	records, enter the name of the new
Name of New Registered Agent:	Nancy Silva	
New Registered Office Address:	Same	
	Enter F	lorida street address
		, Florida

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 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>	Address	Type of Action
MGR	Miano, Dana	10256 S US Hwy 1	Add
		Port Saint Lucie FL, 34952	Remove
MGR	Silva, Nancy	10256 S US Hwy 1	✓ Add
		Port Saint Lucie FL 34952	Remove
		(E)	SE TAND
			Remove
			FAdd
			Remove
			Add
			Remove
			Add
			_ Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
\ 	5/20/2013
	Marces Silva
_	Signature of a member or authorized representative of a member
	Nancy Silva
-	Typed or printed name of signee
	Page 3 of 3
	Filing Fee: \$25.00

2013 MAY 22 MAIL: -14