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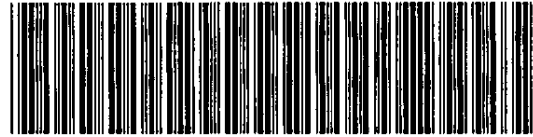
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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MAY 23 2013

T CLINE

COVER LETTER

**TO: 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)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nancy Silva

800 624-6535

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
MGR	Miano, Dana	10256 S US Hwy 1	<input type="checkbox"/> Add
		Port Saint Lucie FL, 34952	<input checked="" type="checkbox"/> Remove
MGR	Silva, Nancy	10256 S US Hwy 1	<input checked="" type="checkbox"/> Add
		Port Saint Lucie FL 34952	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
MAY 12 2011
11:11 AM

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

Dated 5/20/2013

Nancy Silva

Signature of a member or authorized representative of a member

Nancy Silva

Typed or printed name of signee

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Filing Fee: \$25.00

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