

L13000012447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FILED
2013 OCT - 8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan OCT - 8 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FRAUD PREVENTION & RECOVERY 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:

EDWIN V TORRES

Name of Person

FRAUD PREVENTION & RECOVERY LLC

Firm/Company

1216 WORTHINGTON DR

Address

DELTONA, FL 32738

City/State and Zip Code

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

For further information concerning this matter, please call:

EDWIN V TORRES

Name of Person

407 285-2647

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 19, 2013

EDWIN V TORRES
1216 WORTHINGTON DRIVE
DELTONA, FL 32738

SUBJECT: FRAUD PREVENTION & RECOVERY LLC
Ref. Number: L13000012447

We have received your document for FRAUD PREVENTION & RECOVERY LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the spelling of the name.

The registered agent must sign accepting the designation.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan
Regulatory Specialist II

Letter Number: 613A00022089

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED

OCT -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FRAUD PREVENTION & RECOVERY 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 Liability Company were filed on 01/24/2013 and assigned
Florida document number L13000012447.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1216 WORTHINGTON DR

DELTONA, FL 32738

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1216 WORTHINGTON DR

DELTONA, FL 32738

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

EDWIN V TORRES

New Registered Office Address:

1216 WORTHINGTON DR

Enter Florida street address

DELTONA

City

Florida 32738

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 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>	<u>Address</u>	<u>Type of Action</u>
MGR	CLARA IVETTE GONZALEZ	1216 WORTHINGTON DR	<input checked="" type="checkbox"/> Add
		DELTONA, FL 32738	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated _____,

E. Torres

Clara Luette Gonzalez

Signature of a member or authorized representative of a member

EDWIN V TORRES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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2019 OCT -8 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA