# #1300019107

(Requestor's Name)
(Address)
(Address)
(riduress)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Emily Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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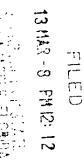
Office Use Only



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# FILING CANCELLED RETURNED CHECK

03/08/13--01023--003 \*\*25.00



K.SALY EXAMINER MAR 11 2013

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

LI 1ST C

U 1ST CREDIT 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:

## **ELANTE JACKSON**

Name of Person

## U 1ST CREDIT RECOVERY, LLC

Firm/Company

165 WELLS ROAD #301

Address

ORANGE PARK, FL 32073

City/State and Zip Code

KAWKING14@GMAIL.COM

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

For further information concerning this matter, please call:

# **ELANTE JACKSON**

\_321 **\201-384**3

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



#### U 1ST CREDIT 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 Com	pany were filed on F	EBRUARY 06, 2013 and assigned
Florida document number L13000019107		
		FILING CANCELLE
This amendment is submitted to amend the following:		RETURNED CHECK
A. If amending name, enter the new name of the limited	l liability company h	ere:
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	A <u> </u>	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		our records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.		Enter Florida street address
		, Florida Zip Code
	City	Zip Code
New Registered Agent's Signature, if changing Registered A	<u>vgent:</u>	
I hereby accept the appointment as registered agent an	d agree to act in this	capacity. I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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:

MGR = Manager MGRM = Managing Member FILING CANCELLED RETURNED CHECK

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR ———	ELANTE JACKSON	165 WELLS ROAD #301	Add
		ORANGE PARK, FL 32073	
		165 WELLS ROAD #301	- <del></del>
MGRM	WALTR SPROUT	ORANGE PARK, FL 32073	_ 🗾 Add
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# FILING CANCELLED RETURNED CHECK

mending any other information	on, enter change(s) here: (Attach additional sheets, if necessar
MARCH 07	2013
ChA	Lucan
_	ature of a member or authorized representative of a member
EL	ANTE JACKSON
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00