

114 0000 68614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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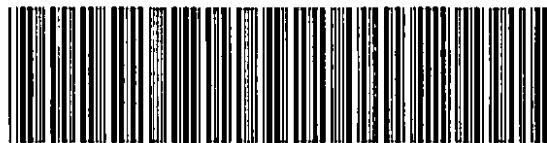
(Business Entity Name)

(Document Number)

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RECORDS SECTION

Amend Name Change

AUG 10 2020

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 1 WEST CAPITAL LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joseph Luzinski

Name of Person

Development Specialists, Inc.

Firm/Company

500 West Cypress Creek Road, Suite 400

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

jluzinski@DSiconsulting.com

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

For further information concerning this matter, please call:

Joseph Luzinski

305

374-2717

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

1 WEST CAPITAL 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 April 28, 2014 and assigned
Florida document number 1.14000068614.

This amendment is submitted to amend the following:

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

1 WEST COLLECTIONS LLC*

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

Enter new principal offices address, if applicable:

500 West Cypress Creek Road, Suite 400

(Principal office address MUST BE A STREET ADDRESS)

Fort Lauderdale, Florida 33309

Enter new mailing address, if applicable:

500 West Cypress Creek Road, Suite 400

(Mailing address MAY BE A POST OFFICE BOX)

Fort Lauderdale, Florida 33309

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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 605, 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

* Pursuant to the *First Amended Joint Chapter 11 Plan of Liquidation* confirmed by the Bankruptcy Court in the bankruptcy case of *1 Global Capital LLC et al.*, Case No. 18-19121 (Bankr. S.D. Fla.), the name of 1 West Capital LLC was changed to 1 West Collections LLC.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Restructuring Officer	Bradley D. Sharp	1250 E HALLANDALE BEACH BLVD # 605	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
Deputy Restructuring Officer	Joseph Luzinski		<input type="checkbox"/> Change
		1250 E HALLANDALE BEACH BLVD # 605	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	James S. Cassell	1250 E HALLANDALE BEACH BLVD # 605	<input type="checkbox"/> Add
		HALLANDALE BEACH, FL 33009	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Liquidating Trustee	James S. Cassel	500 West Cypress Creek Road, Suite 400	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, Florida 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 12th 2020

Typed or printed name of signee

Filing Fee: \$25.00