## L150000 59001

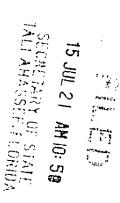
(Re	equestor's Name)	
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JUL 22 2015 J SHIVERS

## **COVER LETTER**

Div	ision of Corp	porations		
SUBJECT:		RAL RECOVERY & INVEST	MENTS LLC	
CODULCT.		Name of Lim	nited Liability Company	, p. 184101
The enclosed	d Articles of A	Amendment and fee(s) are sub	emitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		TROY VASQUEZ		
			Name of Person	
		THE COLLATERAL REC	COVERY EXPERTS OF SOUTH F	FLORIDA LLC
			Firm/Company	
		921 NORTH 21 AVE		
		· · · · · · · · · · · · · · · · · · ·	Address	
		HOLLYWOOD, FL. 3302	1	
			City/State and Zip Code	
		ANIMALSTOWING@GM		
		E-mail address: (	to be used for future annual report noti	fication)
For further in	nformation co	oncerning this matter, please co	all:	
TROY VAS	QUEZ		707 791-9660 at ( )	
	Name of	Person		e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 F	iling 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 .

TO:

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

COLLATERAL RECOVERY & INV		C  Ny as it now appears on o identify the company)	ur records.)		
(,	A Florida Limited L	iability Company)	_		
The Articles of Organization for this Limited Lia	bility Company	were filed on $\frac{04/03/20}{1}$	15	and assi	gned
Florida document number L150000059001	<u> </u>				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liabi	lity company here:			
THE COLLATERAL RECOVERY EXPERTS OF S	SOUTH FLORIDA	A LLC			
The new name must be distinguishable and contain the wo	rds "Limited Liabili	ty Company," the designa	tion "LLC" or the	abbreviation "L.L	C."
Enter new principal offices address, if applica	ble:	921 N 21 140114WOOD,	STAVE		
(Principal office address MUST BE A STREET	ADDRESS)	140114WOOD,	FL 3300	21	
				•	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<i>0X</i> )				
B. If amending the registered agent and/o			records, ente	er the name o	f the nev
registered agent and/or the new registered offi	<u>ce address here</u>	:		<u>&gt;</u> ∞	
				ે <del>ડે</del> ઝે	
Name of New Registered Agent:	<u>Joe</u>	- HOWARD			
New Registered Office Address:	921	- HOWARD N 2/5t Au Enter Florida str		21 \$38 \$38	Canada property
	,	Enter Florida str	eet address	To A	i marin
	140114	W000	, Florida _	33021	(amenia)
		City		Zip Code	41

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 Begistered Agent, Signature of New Registered Agent

Page 1 of 3

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>	Address	Type of Action
MGR	ARIELIS MARTINEZ	921 N. 21 AVE	
		HOLLYWOOD, FL. 33021	■ Remove
			Change
MGR	JOEL HOWARD	921 N. 21 AVE	Add
		HOLLYWOOD, FL. 33021	Remove
			☐ Change
			□ Remove
			Change
<u></u>			Add
			□ Remove
			☐ Change
			Remove
			☐ Change
			Remove
			Change

<u> </u>	
	*****
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	□□ 5 Best ⊆
	Te A
	F.(1) (5)
724/4	
	5 <u>7</u> •
ective date, if other than the date of filing:  effective date is listed, the date must be specific and cannot be prior to date of filing.	(optional)
te: If the date inserted in this block does not meet the applicable statutor	ry filing requirements, this date will not be list
rument's effective date on the Department of State's records.	
record specifies a delayed effective date, but not an effec he 90th day after the record is filed.	tive time, at 12:01 a.m. on the earli
ne your day area are record to med.	
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Page 3 of 3

Filing Fee: \$25.00