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JUL 22 2015

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: COLLATERAL RECOVERY & INVESTMENTS 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:

TROY VASQUEZ

\_\_\_\_\_  
Name of Person

THE COLLATERAL RECOVERY EXPERTS OF SOUTH FLORIDA LLC

\_\_\_\_\_  
Firm/Company

921 NORTH 21 AVE

\_\_\_\_\_  
Address

HOLLYWOOD, FL. 33021

\_\_\_\_\_  
City/State and Zip Code

ANIMALSTOWING@GMAIL.COM

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

For further information concerning this matter, please call:

TROY VASQUEZ

\_\_\_\_\_  
Name of Person

707 791-9660  
at (\_\_\_\_\_) \_\_\_\_\_  
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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

COLLATERAL RECOVERY & INVESTMENTS 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 04/03/2015 and assigned  
Florida document number L150000059001.

This amendment is submitted to amend the following:

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

THE COLLATERAL RECOVERY EXPERTS OF SOUTH FLORIDA 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:

(Principal office address MUST BE A STREET ADDRESS)

921 N. 21<sup>st</sup> Ave  
HOLLYWOOD, FL 33021

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

JOEL HOWARD

New Registered Office Address:

921 N 21<sup>st</sup> Ave

Enter Florida street address

HOLLYWOOD

Florida

City

15 JUL 21 AM 10:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
33021

**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

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>
MGR	ARIELIS MARTINEZ	921 N. 21 AVE	<input type="checkbox"/> Add
		HOLLYWOOD, FL. 33021	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JOEL HOWARD	921 N. 21 AVE	<input checked="" type="checkbox"/> Add
		HOLLYWOOD, FL. 33021	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

15 JUL 21 AM 10:5  
SECRETARY OF STATE  
ITALY WASHINGTON

15 JUL 21 AM 10:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 7/12/15

(Signature of a member or authorized representative of a member)

JOEL HOWARD

Typed or printed name of signee