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(Re	equestor's Name)	
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T. HAMPTON

COVER LETTER,

PREMIER SUBJECT:	CAPITAL RECOVERY LLC		
SUBJECT,	Name of Lun	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Brian Beckham		
		Name of Person	
	··-	Firm/Company	
	3135 Griffin Rd. Suite 200)	
		Address	
	Ft. Lauderdale FL 33312		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	btbeckham@gmail.com		
	E-mail address. (to be used for future annual report notifi	cation)
For further information	concerning this matter, please ca	all;	
Brian Beckham		704 792-6952 at ()	
Name	of Person	Atea 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:

TO:

Registration Section Division of Corporations

> 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**

PREMIER CAPITAL 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 L Florida document number 1.1500078372	iability Company	were filed on MA	XY 4, 2015	And assigned	
This amendment is submitted to amend the foll	owing:			500	
A. If amending name, enter the new name o	f the limited liab	oility company he	<u>re</u> :	PH 1:5	
The new name must be distinguishable and contain the v	vords "Limited Liabi	lity Company," the de	esignation "LLC" or the al		
Enter new principal offices address, if applicable:		3531 Griffin Rd. Suite 200			
(Principal office address MUST BE A STREET ADDRESS)		Ft. Lauderdale, FI. 33312			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and registered agent and/or the new registered of	or registered o	ffice address on	Suite 200 Ft. Landerda our records, enter		
Name of New Registered Agent	BrIAN	BELLA	AM		
New Registered Office Address:	3531 Griffin Ro		da street address		
	Ft. Lauderdale		, Florida ³³		
New Registered Agent's Signature, if changing I	Registered Agents	City		Zıp Codv	

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.

Man Bosh kam 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>	Address	Type of Action
			Add
			□ Remove
			Change
			Add
			☐ Remove
			Change
			Remove
			□ Change
			Add Add SS SS Remove
			Remove OD
			D Change III
			Change
			Add
			□ Remove
			□ Change

Adding Kevin Hagen as Principal	member 3531 Griffin	Rd. Ft. Lauderdale, FL 3	3312	
Adding David A. Gonzalez as Prir	icipal Member 5301 N.	Federal Highway Suite	405 Boca Raton, FL	33487
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tive date, if other than the date fective date is listed, the date must be sp	of filing:	to date of fillian in more than	(optional)	D.,
If the date inserted in this block d	oes not meet the applica	able statutory filing requ	irements, this date w	vill not be liste
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Filing Fee: \$25.00