

LIS 000 202244

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

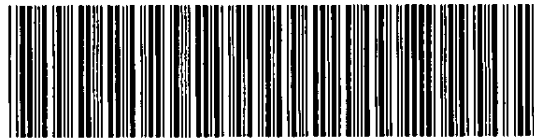
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900280129059

12/17/15--01005--010 \*\*175.00

RECEIVED

DEPARTMENT OF STATE

15 DEC 17 AM 10:56

NOTIFIED  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING

FILED

15 DEC 17 AM 7:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DEC 18 2015

J SHIVERS

**COVER LETTER**

TO: **Registration Section  
Division of Corporations**

SUBJECT: \_\_\_\_\_

Acceptance Recovery Center 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:

Michael Conzo  
Name of Person

Michael C Conzo PA.  
Firm/Company

9999 NE 7th Ave Suite 306  
Address

Miami Shores, FL 33138  
City/State and Zip Code

mcompolaw@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Conzo  
Name of Person

at (786) 271-7712  
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

Acceptance Recovery Center 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 12/1/15 and assigned  
Florida document number L15000202244

This amendment is submitted to amend the following:

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

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)

5850 W. Atlantic  
Suite 101-102  
Delray Beach, FL 33484

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

[Signature]  
If Changing Registered Agent, Signature of New Registered Agent

FILED  
5 DEC 17 AM 7:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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          | M Lonnie Richardson | 175 SW 7 <sup>th</sup> Street | <input type="checkbox"/> Add               |
|              |                     | Suite 1912                    | <input checked="" type="checkbox"/> Remove |
|              |                     | Miam, FL 33130                | <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            |
|              |                     |                               | <input type="checkbox"/> Add               |
|              |                     |                               | <input type="checkbox"/> Remove            |
|              |                     |                               | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

15 DEC 17 AM 7:35  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: 12/1/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

**If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:**

(b) The 90th day after the record is filed.

**Dated**

12/16/15

Signature of a member or authorized representative of a member

Michael Conner  
Typed or printed name of signer

Typed or printed name of signee