## 116000148845

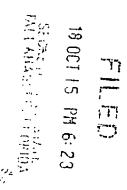
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## , COVER LETTER

	Registration Se Division of Cor			•					
SUBJEC		ECTORS CHOICE LLC							
SUDJEC	.1:	Name of Lin	nited Liability Company						
The encle	osed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please re	turn ali correspo	ndence concerning this matter	to the following:						
		DOUGLAS C LONG							
			Name of Person	<del></del>					
		ACCOUNTING TECHS	INC						
		· · · · · · · · · · · · · · · · · · ·	Firm/Company						
	PO BOX 452144								
			Address	<del></del>					
<del></del>									
			City/State and Zip Code						
	DCLONG@CFL.RR.COM								
		E-mail address: (	to be used for future annual report notif	ication)					
For furthe	er information e	incerning this matter, please c	all:						
DOUGL.	AS C LONG		407 343-5590 at ()						
	Name of	Person	Area Code Daytime	Telephone Number					
Enclosed	is a check for th	e following amount:							
₩ \$25.0	0 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 tadditional copy is enclosed)					

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 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

THE COLLECTORS CHOICE L	LC			
(Name of the Lim	ited Liability Comp (A Florida Limited	any as it now appears on our rec Liability Company)	ords.)	_
The Articles of Organization for this Limited I Florida document number $\frac{L16000148845}{L16000148845}$	.iability Company	were filed on AUG 09, 2016	5 and	l assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	oility company here:		
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company," the designation "I	1 C" or the abbreviation	"IIC"
Enter new principal offices address, if appli	8357 BOWDEN WAY	- <u> </u>	<b>8</b>	
(Principal office address MUST BE A STRE		WINDERMERE, FL 34786	) , , , ,	
				<u> </u>
Enter new mailing address, if applicable:		4901 VINELAND RD		PH 6:
(Mailing address MAY BE A POST OFFICE	SUITE 270		23	
		ORLANDO, FL 32811		
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered o office address her DOUGLAS C	<u>e</u> :	rds, <u>enter the nar</u>	ne of the
Name of New Registered Agent:	Name of New Registered Agent: DOOGLAS CLO			
New Registered Office Address:	13538 VILLAC	GE PARK DRIVE, SUITE 100  Enter Florida street add		
	ORLANDO			
		Ciny	Florida 32837	

## 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 Charging Registered 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>Name</u> **Title** Address **Type of Action** N/A□ Add ☐ Remove □ Change □ Add \_□ Remove . Change \_□ Remove \_□ Change \_□ AJd □ Remove \_□ Change \_□ Add

\_□ Remove

\_□ Change

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00