# LI6000H0079

(Rec	questor's Name)			
(Add	dress)			
(Add	dress)			
(City	//State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	siness Entity Nar	ne)		
(Doc	cument Number)			
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				





300292495853

11/22/16--01027--011 \*\*25.00

TALLAHASSEE, FLORIDA

D. SCOTT NOV 2 3 2015

### **COVER LETTER**

Division of Corporations
SUBJECT: ASSET RECOVERY SPECIALIST 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:
Ryan T Silpot Name of Person
ASSET DECOVERY SPECIALIST LLC.
2520 NW 6TH LANE # 12
Pompano Beach FL33064 City/State and Zip Code
Extreme asset recovery Qoutlook. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ryan Silpot at (954) 937-55756 6  Area Code Daytime Telephone Number 2 7
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & D\$55.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed)}

#### MAILING ADDRESS:

TO:

**Registration Section** 

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

ASSET RECOVERY S	SPECIALIST L	LC.
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	
The Articles of Organization for this Limited Liability Company wer Florida document number <u>L16000190079</u> .	e filed on 10/14/2016	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here:	
EXTREME ASSET RECOVE The new name must be distinguishable and contain the words "Limited Liability C	RY LLC.	bbreviation "L.L.C."
	ompany, are designation 220 of the se	DOLC VIMITOR ST.
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter	the name of the new
		<b></b> ∤
Name of New Registered Agent:		> <b>6</b>
New Registered Office Address:		<u> </u>
	Enter Florida street address . Florida	LEI 22 SEE,
	City , Florida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to	o act in this capacity. I further ag	gree 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 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

<u>le</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove AK
			28 CE hange
<del></del>		1.01	27Add Par SSEEL FL
			P Comove
			☐ Change
<del></del>		(*************************************	□ Add
			☐ Remove
			Change.

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
E. Effective date, if other than the date of filing:
f 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 November 18, 2016.
Signature of a member or authorized representative of a member
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00