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#### **COVER LETTER**

Registration Section Division of Corporations

TO:

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:  Richard Larsen  Name of Person  Larsen & Associates, PL.  Firm/Company  5323 Millenia Lakes Blvd, Suite 300  Address  Orlando, Florida 32839  City/State and Zip Code rlarsen@larsenandassociates.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Richard Larsen  Name of Person  407  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\int \frac{525.00}{2} \text{Filing Fee}  \frac{500.00}{2} \text{Filing Fee}   \frac{500.00}{2} \text{Filing Fee}    \frac{500.00}{2} \text{Filing Fee}  \	SUBJECT:	The Collection Law Firm, PLLC					
Please return all correspondence concerning this matter to the following:    Richard Larsen	Sobset.	-	Name of Lim	ited Liability Company	<del></del>		
Richard Larsen  Name of Person  Larsen & Associates, PL.  Firm/Company  5323 Millenia Lakes Blvd, Suite 300  Address  Orlando, Florida 32839  City/State and Zip Code  rlarsen@larsenandassociates.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Richard Larsen  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  \$\infty\$\frac{525.00}{250.00} \text{Filing Fee} \text{ \$\begin{array}{c} \$60.00} \text{Filing Fee}.  \$\cdot \$\	The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for filing.			
Name of Person  Larsen & Associates, PL.  Firm/Company  5323 Millenia Lakes Blvd, Suite 300  Address  Orlando, Florida 32839  City/State and Zip Code  rlarsen@larsenandassociates.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Richard Larsen  at (	Please return	all correspo	ndence concerning this matter	to the following:			
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S25.00 Filing Fee   S30.00 Filing Fee & Certificate of Status & Certificate of Status & Certificate Opy (additional copy is enclosed)   City/State 300   Address			Larsen & Associates, PI.				
Address  Orlando, Florida 32839  City/State and Zip Code  rlarsen@larsenandassociates.com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Richard Larsen  407 620-2100  at (  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  Certified Copy  Certified Copy  Certified Copy  Certified Copy			<del></del>	Firm/Company	<del></del>		
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Parsen@larsenandassociates.com   E-mail address: (to be used for future annual report notification)   For further information concerning this matter, please call:   Richard Larsen			Orlando, Florida 32839				
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For further information concerning this matter, please call:    Richard Larsen			rlarsen@larsenandassociate	s.com			
Richard Larsen  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certified Copy  (additional copy is enclosed)  407  Area Code  Daytime Telephone Number  S55.00 Filing Fee & S60.00 Filing Fee,  Certificate of Status & Certified Copy  (additional copy is enclosed)  Certified Copy			E-mail address: (	to be used for future annual report not	ification)		
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Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations	Re <sub>!</sub>	gistration S vision of C	Section orporations	Registration Se Division of Co	rporations		
P.O. Box 6327 The Centre of Tallahassee Tallahassee FL 32314 2415 N. Monroe Street Suite 810				The Centre of Tallahassee			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATIO

FILED

### ARTICLES OF ORGANIZATION OF 28

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The	Colle	ction	Law	Firm,	PLL	.C

SECRETARY OF STATE

(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 Lia	bility Company	were filed on January 26, 26	and assigned	
Florida document number L18000024507	,			
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liab	ility company here:		
Larsen Slaten, PLLC				
The new name must be distinguishable and contain the wo	rds "Limited Liabil	ity Company," the designation "	LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applica	ble:	5323 Millenia Lakes Blvd.	, Suite 300	
(Principal office address MUST BE A STREET		Orlando, Florida 32839		
		5323 Millenia Lakes Blvd.	Suita 300	
Enter new mailing address, if applicable:		<del></del>	. same 500	
(Mailing address MAY BE A POST OFFICE B	<u>(OX)</u>	Orlando, Florida 32839		
B. If amending the registered agent and/or re	gistered office a	address on our records, <u>e</u> n	ter the name of the new register	
agent and/or the new registered office address	• •	_		
	Richard E. Lars	sen		
Name of New Registered Agent:				
New Registered Office Address:	5323 Millenia Lakes Blvd., Suite 300			
	Enter Florida street address			
	Orlando		, Florida <u>32839</u>	
		City	Zip Code	
New Registered Agent's Signature, if changing Re	egistered 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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actio
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nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ctive date, if other than the date of filing:  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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after th filed.
September 30 . 200  Member  Signature of a member or authorized representative of a member  Typed or printed name of supper
The fun member
Signature of a member or authorized representative of a member
Richard F LARSON)

Filing Fee: \$25.00