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COVER LETTER

TO:

	Registration Se Division of Cor					
SUBJEC	CONDO P	ARTNERS, LLC.				
SUBJEC		Name of Lin	nited Liability Company		<u> </u>	
The enclo	sed Articles of	Amendment and fee(s) are sub	mitted for filing.			
		indence concerning this matter	Q			
		RICHARD M. BECKISH	, JR.			
			Name of Person			
			Firm/Company		-	
		815 SOUTH PALAFOX	STREET, THIRD FLOC)R		
		PENSACOLA, FL	Address		_	
			City/State and Zip Code			
		RBECKISH@MSGOFLA				
		E-mail address: (to be used for future annual i	report notification	(no	51.11 Bins
For furthe	r information co	oncerning this matter, please ca	all:			= ::B
RICHARD M. BECKISH, JR 850 434-6674		, 	23			
	Name of	f Person	Area Code	Daytime Tele	phone Number	ー シェ
Enclosed i	is a check for th	e following amount:			•	\$\frac{1}{2}
	Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is encl		□ \$60.00 Filing F Certificate of Certified Copy (additional copy i	Status &
	Registra Division P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registrati Division o Clifton Bu	COURIER A on Section of Corporations uilding cutive Center C	s	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CONDO PARTNERS, LLC.			
(Name of the Limited Liabili (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)		
The Articles of Organization for this Limited Liability C	Company were filed on 03/06/2018	and as	signed
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company here:		
COLLECTION PARTNERS, LLC.			
The new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or t	he abbreviation "L	.L.C."
Enter new principal offices address, if applicable:	 		
Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
-			
		201	
B. If amending the registered agent and/or regis	stered office address on our records, en	ter the name	of the nev
registered agent and/or the new registered office add		515	
		~>	
Name of New Registered Agent:		ري	ĩ .
			
New Registered Office Address:		<u> </u>	
	Enter Florida street address	: ;2	
	, Florida	· 1	
	City	Zin Code	

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 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
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		23
ctive date, if other than the date of filing:	(optional)	>
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 9 if the date inserted in this block does not meet the applicable statutory filing requires	0 days after filing.)	Pursuant to 605.0
iment's effective date on the Department of State's records.	ments, mis date w	viii not be tisted
ecord specifies a delayed effective date, but not an effective time, at	t 12:01 a.m. o	n the earlier
ne 90th day after the record is filed.		
, MARCH 20 0 2018 (
d		
Signature of a member or authorized representative of a mem	iber	

Page 3 of 3

Filing Fee: \$25.00