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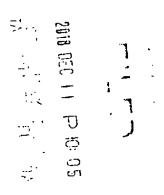
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Special Instructions to	Filing Officer:	
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COVER LETTER

TO:

TO: Registration So Division of Co			
SUBJECT:	BDC Reco	overy Associates, LLC	
3019CCT	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
		Christopher Ward	
		Name of Person	
	BDC	Recovery Associates, LLC	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	9	00 N Federal Hwy #306	
		Address	2118
		Hallandale, FL 33009	EC - 1
	•	City/State and Zip Code	
		er.agosolutions@gmail.cor to be used for future annual report notif	
For further information of	concerning this matter, please co	all:	77. (5) 3. (5) 3. (5)
Christo	pher Ward	at (910) 348-3969	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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)
Regist	JNG ADDRESS: ration Section on of Corporations	STREET/COURI Registration Sectio Division of Corpor	n
	ox 6327	Clifton Building	ations ,

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

Recovery Associates 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 Florida document numberL18000177153	Company were filed on	07/24/2018	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company her	<u>re</u> :	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the des	signation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADL	DRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		=:	2010 05
			2 - 1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	gistered office address on Idress here:	our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	da street address	
	City	Florida	Zip 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>	Name	<u>Address</u>	Type of Action
AMBR	Rustem Beisekeyev		
		900 N Federal Hwy #306 Hallandale, FL 3300	09 ☑ Remove
			Change
AMBR	RB1 Holdings, LLC	3821 Pond Apple Drive Weston, FL	33332 🗖 Add
			Remove
			Change
			Add
		 	Remove
			☐ Change
			☐.Remove
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this ble document's effective date on the Do	ock does not m	neet the applical	o date of filing or m ble statutory filin	ore than 90 days afte g requirements, th	t ional) er filing.) Pursuant to <i>t</i> iis date will not be f	05.0207 (. isted as th
the record specifies a delayed The 90th day after the reco		late, but not	an effective t	ime, at 12:01	a.m. on the ear	lier of:
Dated Decmeber 1st		2018	·		·	
	11		9			

Page 3 of 3

Typed or printed name of signce

Filing Fee: \$25.00