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2022 MAR II AM 7: 10
SECRETARY OF STATE
TALLARY SECRETARY

A. BUTLER MAR 24 2022

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Lîcense HH, LCC 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:
Jason Collins
Name of Person Cense Firm/Company
3200 N Higwassee Rd #683053
City/State and Zip Code Info@L+++Collection.Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jason (1) at 888 Jo2 5098 Area Code Daytime Telephone Number
Enclosed is a cheek for the following:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed) \$ Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address:
Registration Section
Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

Ol	FILED	
(Name of the Limited Liability Compan (A Florida Limited Li	2022 MAR 1 AM 7: 1 ny as it now appears on our records.) iability Company) SECRETARY OF STATE	
The Articles of Organization for this Limited Liability Company of	were filed on	ed
Florida document number <u>L 19000015589</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili Enter new principal offices address, if applicable:	ty Company," the designation "LLC" or the abbreviation "L.L.C."	
Principal office address MUST BE A STREET ADDRESS)		

Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office and and/or the new registered office address here:	ddress on our records, <u>enter the name of the new re</u>	gistered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	

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.

City

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 **Address** Type of Action Title **Name** 59 Quitman Street WAND Casla Collins Newark, NJ07103 □ Change _____ □Change ______ □Remove _____ □Change _____ □Add □Remove _____ □Change _____ □Add

______ □ Remove

						 	
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effective date is <u>e:</u> If the date	listed, the date inserted in this	the date of filin must be specific an s block does not c Department of	nd cannot be prio meet the appli	r to date of filin cable statutory	g or more than 90 da filing requireme	_(optional) ays after filing.) Purs nts, this date will i	uunt to 605,020' not be listed as
cord specifies s filed.	a delayed effec	ctive date, but no	ot an effective (time, at 12:01	a.m. on the earlie	r of: (b) The 90th) day after the
ed <u>Ma</u>	rch	7th	200) <u>)</u>	1		
	_	Signature of a	member or auth	Collination of the contract of	ntative of a member		
		V	Jason	\circ	1.6		