

L19000033169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

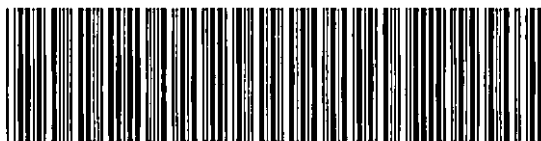
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500322844295

03/13/19--01019--032 \*\*25.00

2019 MAR 12 PM 1:00  
SECRETARY OF STATE  
MAIL ASSISTANT

FILED

M. MILLIGAN

MAR 12 2019

March 12, 2019

**c/o Ms. Michelle Milligan**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Dear Ms. Milligan,

Thank you for speaking with me and advising me on how to properly **remove the "PA"** from my name.

Attached please find the following:

- 1) Cover Letter
- 2) Articles of Amendment to Articles of Origination of The Collection Realty, LLC
- 3) Check #1912 to "Florida Department of State" in the amount of \$25.

If you have any questions, please contact me anytime.

I wish you all the best in your new position!

Kindest regards,



**Ellen Taracido**

Founder | CEO | Broker

**The Collection Realty, LLC**

501 E Las Olas Blvd, Ste 200/300  
Fort Lauderdale, FL 33301

**Cell:** 917.804.4457

**Email:** [ellen@thecollectionre.com](mailto:ellen@thecollectionre.com)

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: THE COLLECTION REALTY, 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:

Jonathan B. Lewis, Esq.

\_\_\_\_\_  
Name of Person

Massey Law Group, P.A.

\_\_\_\_\_  
Firm/Company

4401 W Kennedy Blvd. Suite 201

\_\_\_\_\_  
Address

Tampa, FL 33609

\_\_\_\_\_  
City/State and Zip Code

smassey@masseylawgroup.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan B. Lewis

954 780-8251  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**MAILING ADDRESS:**  
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**

THE COLLECTION REALTY, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
**2019 MAR 12 PM 1:01**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on FEBRUARY 1, 2019 and assigned  
Florida document number L19000033169.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

501 E LAS OLAS BLVD, STE 200/300

(Principal office address MUST BE A STREET ADDRESS)

FORT LAUDERDALE, FL 33301

Enter new mailing address, if applicable:

501 E LAS OLAS BLVD, STE 200/300

(Mailing address MAY BE A POST OFFICE BOX)

FORT LAUDERDALE, FL 33301

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

Florida

*City*

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	TARACIDO, ELLEN. PA		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	TARACIDO, ELLEN	1412 NE 16TH TER FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED  
2019 MAR 12 PM 1:01  
SECRETARY OF STATE  
FLORIDA

[illegible]

(If an 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 605.0207 (3)(b)

If 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.

Ellen Tacaad  
Signature of a member or authorized representative

ELLEN TARACIDO

2019 MAR 12 PM 1:01  
SECRETARY OF STATE  
141 PHASSEE PL ORIND

四三