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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

S/Y ASSET RECOV	ERY, LLC				
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COVER LETTER

TO: Registratio	JOVERY, LLC		
4 YIS	Name of Li	mited Liability Company	·
SUBJECT:	•		
articles o	of Amendment and fee(s) are su	shmitted for filing	
	pondence concerning this matte		
,	positioned concerning this matte	er to the following:	
	SIMON HAMER		
		Name of Person	
	S/Y ASSET RECOVERY	,LLC	
		Firm/Company	
	445 W. 40TH ST. UNIT 4	102414	
		Address	
	MIAMI BEACH, FL. 331	40	
	syassetrecovery@gmail.cor	City/State and Zip Code	
		to be used for future annual report not	fication)
For further information of	oncerning this matter, please co	all:	
SIMON HAMER		305 7662557	
Name o	f Person	······································	e Telephone Number
Enclosed is a check for the	ne 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)

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

ARTICLES OF OF	
ARI	
S/Y ASSET RECOVERY, LLC Name of the Limited L	ow appears on our records.
NO STATE OF THE PROPERTY OF TH	ow and assigned and assigned
WERY, LLC wed Liability Companied Liability	and assis
S/Y ASSET RECOVERY, LLC (Name of the Limited Liability Company as the Limited Liability) (Name of the Limited Liability)	filed on
S/1. Company were	A CONTRACTOR OF THE PARTY OF TH
rimited Liability Com.	To .
impion for this Linux	
The Articles of Organization for this Limited Liability Company were Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited Liability The new name number and contain the words "Limited Liability Company were The new name number and contain the words "Limited Liability Company were name of the limited liability company were contain the words "Limited Liability company were name of the limited liability company were contained to amend the following: The new name of the limited liability company were contained to amend the following:	here:
The Articles of Organics Florida document number This amendment is submitted to amend the following: This amendment is submitted to amend the following:	y company here.
Florida docum	"Lite" or the abbit
amendment is submitted new name of the	nony, the designation
This arrow age, enter the in-	ly Company
If amending have	445 W. 4011 51 33140
A. mushable and contain	MIAMI BEACH, I
The new name unust be distinguishable and tube. The new name unust be distinguishable and tube. Enter new principal offices address, if applicable: Enter new principal offices MUST BE A STREET ADDRESS).	,
The new land offices address, STREET ADDRESS	
Sater new principal MUST BE A See	or 11011 12
Enter and office address	445 W. 40TH ST. UNIT 402414
The new name nust be distinguishad. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL. 33140
nicable:	of the new
Enter new malling address, if applicable: (Mailing address MAY BF. A POST OFFICE BOX) and/or regist	ered office address on our records, enter the name of the new ress here:
Enter new malling and REA POST OF I	on our records, E
Eliter	office address on
Maillox regist	ered uni-
B. If amending the registered agent and/or registered agent and/or the new registered office add	<u>1685 III</u>
anding the registered of the new registered	
B. If amendant and/or the	Umis .
registered as	Enter Florida street address Florida 770 Code
and Register	Florida
Name of the	- Ja
negistered ()	City with the
New Modern	couther agree to committee and
New Repistered Agent's Signature, if changing Re-	sared Agent: and I am familia document is
changing Re	agree to act in this duties, differ f.S. Or. If this liability
sort's Signature II Chima	agent and us performance of Chapter now that the limited
slow Registered Agent	r and compression of hereby confirm
accept the appointment to the property	agent and agree to act in this capacity. I further agree to comply with the agent and agree to act in this capacity. I further agree to comply with and agent and agree to act in this capacity. I further agree to comply with the agent amount is a complete performance of my duties, and I am familiar with and I am familiar with and I am familiar and I am familiar and I am familiar with and
I hereby accordall statutes my position as the	registered of schange. Standard of New Registered Agent. Standard of New Registered Agent.
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accept filed to merely relified in writing of	A Agent, Signature 91
being has been now	Changing Registered
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Page 1 of 3

COVER LETTER

n Section Corporations		
SET RECOVERY, LLC		
Name of L	imited Liability Company	
of Amendment and feets) are so	phmined for filian	
SIMON HAMER		
	Name of Person	
S/Y ASSET RECOVERY	Y, LLC	
445 W. 40TH ST. UNIT	-	
	Address	
MIAMI BEACH, FL. 331	40	
syassetrecovery@gmail.co	City/State and Zip Code	
E-mail address: concerning this matter, please of	(to be used for future annual report noti	fication)
	305 7662557	
of Person		: Telephone Number
the following amount:		
☐ \$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)
	Corporations SET RECOVERY, LLC Name of L of Amendment and fee(s) are so spondence concerning this matter SIMON HAMER S/Y ASSET RECOVERY 445 W. 40TH ST. UNIT MIAMI BEACH, FL. 331 symmetric	SET RECOVERY, LLC Name of Limited Liability Company of Amendment and fee(s) are submitted for filing. spondence concerning this matter to the following: SIMON HAMER Name of Person S/Y ASSET RECOVERY, LLC Firm/Company 445 W. 40TH ST. UNIT 402414 Address MIAMI BEACH, FL. 33140 City/State and Zip Code syassetrecovery@gmail.com E-mail address: (to be used for future annual report not concerning this matter, please call: at

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

S/Y ASSET RECOVERY, LLC

(Name of the Limited Liability Comp (A Florida Limited	any as It now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	
Florida document number	
This amendment is submitted to amend the following:	が ・ ・
A. If amending name, enter the new name of the limited list	pility company here:
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "LLC"
Enter new principal offices address, if applicable:	445 W. 40TH ST. UNIT 402414
(Principal office address MUST BE A STREET ADDRESS)	MIAMI BEACH, FL. 33140
Enter new mailing address, if applicable: (Muiling address MAY BE A POST OFFICE BOX)	445 W. 40TH ST. UNIT 402414 MIAMI BEACH, FL. 33140
B. If amending the registered agent and/or registered at	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	nce address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
New Registered Agent's Cinciana in	City Zip Code
New Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete particles the obligations of my position as registered agent as painting filed to merely reflect a change in the registered office a company has been notified in writing of this change.	respondence of my auties, and I am familiar with and
If Chang	ing Registered Agent, Signature of New Registered Agent

Page 1 of 3



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 = Ma AMBR = Au	anager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
			O Add
			CI Remove
			Change
			D Add
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Page 2 of 3

Page 3 of 3

Filing Fee: \$25.00