LZO 000235938

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COVER LETTER

TO:	Registration Sec Division of Corp					
		TATE COLLECTIONS, LLC	•			
SUBJI	ECT:	Name of Limi	ited Liability Company		_	
The en	closed Articles of a	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspor	ndence concerning this matter	to the following:			
		JACQUELYN M. CODD,	ESQ.			
			Name of Person	-	_	
			Firm/Company	- 		
		1519 THIRD STREET SE			2020 AUG 24	
			Address		16 21	
	WINTER HAVEN, FL 33880					
	City/State and Zip Code JCODD@BRANDONRAFOOL.COM					
		E-mail address: (to be used for future annual report notifica	tion)	20 N	
For fu	rther information co	oncerning this matter, please ca	all:			
JACQ	UELYN M. CODE		863 299-3339 at ()			
	Name of	f Person	Area Code Daytime To	elephone Nun	nber	
Enclos	sed is a check for th	ne following amount:				
■ \$3	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certi: Certil	D Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Section forporations 7	Street Address: Registration Section Division of Corpo The Centre of Tall 2415 N. Monroe S Tallahassee, FL 33	rations lahassee Street, Suit	e 810	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CENTERSTATE COLLECTIONS, LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company v Florida document number $\frac{1.20000235938}{1.00000235938}$.	vere filed on <u>08/05/2020</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
C. S. COLLECTIONS, LLC		
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<u> </u>	20:
(Principal office address MUST BE A STREET ADDRESS)	- 一日 日本 シン	
	5.0	<u> </u>
		÷ 1
		R
Enter new mailing address, if applicable:		<u>15 C.</u>
(Mailing address MAY BE A POST OFFICE BOX)		8
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ldress on our records, <u>enter the nan</u>	ne of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office o	performance of my duties, and I am covided for in Chapter 605, F.S. Or,	familiar with and if this document is

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
			□Remove
			Change
			□ Add
			□ Remove
			Remove Change Ch
			PA DAddl C STATE Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
<u></u>			DbbC
			□Remove

Typed or printed name of signee