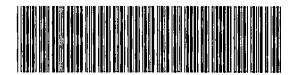
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer;	

Office Use Only



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R. HUNT

COVER LETTER

TO:

Registration Section Division of Corporations

Pokedebt, I	J.C					
SUBJECT:	Name of Lim	ated Liability Company		-		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please return all correspo	ondence concerning this matter	to the following:		23		
	Alex Peavey			7007 COT 17 AM 3: 5		
		Name of Person		TYSE T		
	Pokedebt, LLC			IT AH 3		
	327 Bentley Oaks Blvd.	Firm/Company		TATE		
		Address				
	Aubumdale, FL 33823					
	pokedebt@yahoo.com	City/State and Zip Code		_ 		
	E-mail address: (to be used for future annual report noti	fication)	_		
For further information c	oncerning this matter, please c	all:				
Alex Peavey		863 838-8768				
Name o	f Person	at () Area Code Daytim	ie Telephone Numl	her		
Enclosed is a check for th	ne following amount:					
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifi Certifi	00 Filing Fee, ifficate of Status & iffied Copy tional copy is enclosed)		
Mailing Addres Registration S Division of C P.O. Box 632 Tallahassee, I	Section orporations 7	Street Address: Registration Se Division of Co The Centre of 7 2415 N. Monro Tallahassee, FI	rporations Fallahassec se Street, Suite	· 810		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pokedebt, 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 Company were filed on 01/05/2021 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Collectors Dept. LLC 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 ___ Cirv

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>	Type of Action
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			□Remove
			Change
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