L22000384164

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COVER LETTER

Registration Section Division of Corporations

TO:

AmityGX, SUBJECT:	LLC		
Sebale1.	Name of Lim	ited 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:	
	Ryan Korszeniewski		
	 	Name of Person	
	AmityGX		
		Firm'Company	
	10867 Camino Circle		
		Address	
	Wellington, FL 33414		
		City/State and Zip Code	
	Ryan@amitygx.com		
	E-mail address: (to be used for future annual report not	tification)
For further information c	oncerning this matter, please c	all:	-
Ryan Korszeniewski		\$05 \$19-1101 at ()	
Name o	f Person		ne 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)	☐ S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, S	Section Torporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro Tallahassee, Fl	orporations Tallahassee oe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AmityGX, 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 August 31, 2022 and assigned Florida document number L22000384164 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Contract Collect, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 10867 Camino Circle Enter new principal offices address, if applicable: Wellingtom, FL 33414 (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

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.

Cin

If Changing Registered Agent, Signature of New Registered Agent

. Florida

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
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			□Remove
			☐ Change
			□Add
			□Remove
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			□Add
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	8/1/2023
ctiv effec	e date, if other than the date of filing:
<u>e:</u> If	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed at's effective date on the Department of State's records.
unic i	is a creetive date on the Department of State \$ records.
ord	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
filed	
ed _	 .
	ryan korsz Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member