, 12/15/22, 9:45 AM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: From:	Division of Corporations Fax Number : (850)617-6383 Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 S. CHATHAM Fax Number : (855)330-1010 JAN 10 2023	
annual Email A	report mailings. Enter only one email address please.**	
	Certificate of Status022Certified Copy0Page Count04Estimated Charge\$25.00X5S	DIVISION OF CONTRACTS
Electronic Fil		

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ARTICL	ES OF AMENDMENT	
	то	
ARTICLE	S OF ORGANIZATION	
	OF	
Aces Collections LLC		
(<u>Name of the Limited Liab</u>) (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on09/20/2022	and assigned
Florida document number <u>L22000410679</u>	·	
This amendment is submitted to amend the following:		
This amendment is submitted to amend the following.		
A. If amending name, <u>enter the new name of the li</u>	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		DIVI 22
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		AM
B. If amending the registered agent and/or register	ed office address on our records, <u>enter the nam</u>	e of the new registered
agent and/or the new registered office address here	:	55 55
		-
Name of New Registered Agent:		
New Registered Office Address:		
<u> </u>	Enter Florida street address	-
	Florida	
	Ciņ	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, <u>enter the title, name, and address of each person</u> being added or removed from our records:

MGR = Manager

.

AMBR = Authorized Member

Title	Name		Address	Type of Action
AMBR	MUHAMMAD ASHRAF, KHURF	RAM ASHRAF	7901 4TH ST N,, STE 4000	🗆 Add
			ST. PETERSBURG, FL 33702 UN	XIRemove
AMBR	ASHRAF, KHURRA	M	7901 4TH ST N, STE 4000	X)Add
			ST. PETERSBURG, FL 33702 US	🗆 Remove
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(If an et Note:	tive date, if other than the dat ffective date is listed, the date must be if the date inserted in this block nent's effective date on the Depar	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to does not meet the applicable statutory filing requirements, this date will not be	605.0207 (3)(b) isted as the
If the reco record is f		ite, but not an effective time, at 12:01 a.m. on the earlier of: (b) – The 90th day a	fter the

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated	December 15	. 2022 .
		Rilling Park
	Sig	ature of a member or authorized representative of a member
		Riley Park
		Typed or printed name of signee
		Filing Fee: \$25.00