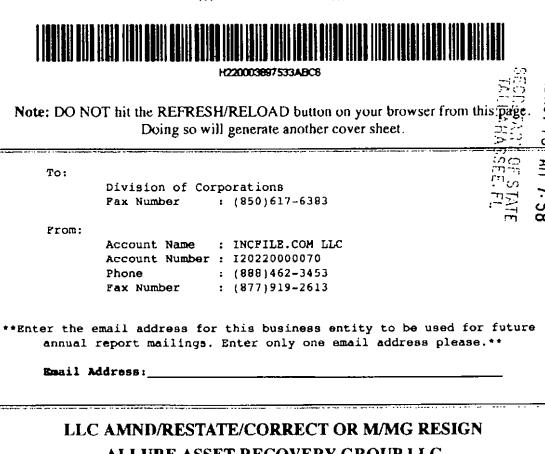
Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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ALLURE ASSET RECOVERY GROUP LLC

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Corporate Filing Menu

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COVER LETTER

TO.	Devistration Sa	ation			(((H22000389753 3)))
	Registration Sec Division of Corp				4
	• ,	, ,	1.0	•	•
SUBJEC		SSET RECOVERY GROUP I			
		Name of Limi	ted Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please re	turn all correspon	ndence concerning this matter	to the following:		
		LOVETTE DOBSON			
			Name of Person		
		INCFILE.COM LLC			
			Firm/Company		
		17350 STATE HWY 249 S	STE 220		
			Address		
		HOUSTON, TX 77064			
			City/State and Zip Co	de	·
		EFILE1234@INCFILE.CO			
		E-mail address: (to be used for future ann	ual report notification	n)
For furth	ner information c	oncerning this matter, please of	all:		
LOVET	TE DOBSON		888 at ()	462-3453	
	Name o	f Person	Area Code	Daytime Telep	phone Number
Enclose	d is a check for th	ne following amount:			
■ \$2 5	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy is	,	Section Status & Certificate of Status & Certified Cupy (additional copy is enclosed)
	Mailing Addres	<u>s;</u>		t Address:	
	Registration S		-	stration Section	
	Division of C P.O. Box 632	-		sion of Corpora Centre of Tallah	
	Tallahassee,		•	N. Monroe Str	
	, /			ahassee, FL 323	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(((H22000389753 3)))

	OVERY GROUP LLC			
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records,) Liability Company)			
		7. 22 23		
The Articles of Organization for this Limited Liability Company	y were filed on	and assigned		
Florida document number 1.22000474541				
		S ⁻		
This amendment is submitted to amend the following:		AM 7		
A. If amending name, enter the new name of the limited lia	bility company here:	7:5		
		1E 86		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" o	or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:				
- •				
(Principal office address MUST BE A STREET ADDRESS)				
				
Fatar and maline address if applicables	6501 ARLINGTON EXPRESSW	'AY B105		
Enter new mailing address, if applicable:	SUITE 2045			
(Mailing address MAY BE A POST OFFICE BOX)	JACKSONVILLE, FL 32211			
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, enter th	e name of the new registered		
New Registered Office Address:				
	Enter Florida street address			
	, Flor	ida		
	City	Zip Code		
New Registered Agent's Signature, if changing Registered Agen	<u>::</u>			
I hereby accept the appointment as registered agent and age provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of my duties, and provided for in Chapter 605, F.	I am familiar with and S. Or, if this document is		
If Ch	anging Registered Agent, Signature of t	New Registered Agent		

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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 = M $AMBR = A$	lanager authorized Member	ger (((H22000389753 3))) rized Member	
Title	Name	Address	Type of Action
			□Add
			□Remove
			□ Add
			(Remove
			□ Change
			bbA□
			□Remove
			□Remove
			□Remove
			Change
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ffective date, if other than the an effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the December 1.	ock does not meet th	ie applicable statu	filing or more than 90 tory filing requirer	(optional) Deliant days after filing.) The nents, this date w	Pursuant to 605.020 vill not be listed a
record specifies a delayed effective is filed.	e date, but not an eff	fective time, at 12	:01 a.m. on the ear	lier of: (b) The	90th day after the
November 15	202	22 ·			
Ohey Bu	Signature of a member	or authorized rena	esentative of a mem	ber	

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