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## **COVER LETTER**

TO:

	Registration Se Division of Corp					
SUBJEC		S RECOVERY.COMLLC				
SUBJEC		Name of Lim	ited Liability Company			
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspo	ndence concerning this matter	to the following:			
		Morris Sauerbrun				
			Name of Person			
			Firm/Company			
		PO BOX 836				
			Address	<del></del>		
		LadyLake/Florida/32158				
			City/State and Zip Code			
		info@usafundsrecovery.cor				
For furthe	er information co	E-mail address: ( oncerning this matter, please c	to be used for future annual report not all:	itication)		
Morris Sa	uerbrun		407 218-3419			
	Name of	f Person		ne Telephone Number		
Enclosed	is a check for th	ne following amount:				
<b>■</b> \$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
Mailing Address:		Street Address:				
Registration Section Division of Corporations			Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee			
•	Fallahassee, I	FL 32314		oe Street, Suite 810		

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## USAFUNDSRECOVERY.COMLLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida L	imited Liability Company)	NOTUS.)
The Articles of Organization for this Limited Liability Cor	mpany were filed on Dec 13, 2023	and assigned
Florida document number 1.23000550828		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
USA FUNDS RECOVERY, LLC		
The new name must be distinguishable and contain the words "Limite	d Liability Company," the designation	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(223)	<b>202</b>
		<b>7023 DE</b>
		C 2
Enter new mailing address, if applicable:		8 m
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	SE A
		700 =
	+	
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our records, <u>e</u>	nter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	II
	r.nier r torida street a	uiress
	City	, Florida Zip Code
Now Designated Assessed Assessed States of the series Designated	•	гар Соце
New Registered Agent's Signature, if changing Registered		
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and con accept the obligations of my position as registered age being filed to merely reflect a change in the registered company has been notified in writing of this change.	nplete performance of my dutie ent as provided for in Chapter 6	s, and I am familiar with and 05, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

Effective date, if other than the date of filing:  (optional)  If an effective date, if other than the date of filing:  (optional)  If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing) Pursuant to 605 0207  Note; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records.  The record specifies a delayed effective date, but not un effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.  Dated  12/23/23  Morrow Signature of a member or authorized representative of a member  MORRIS SAUERBRUN  Typed or printed name of signee								_
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	Dated		1					
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