

L25000326049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

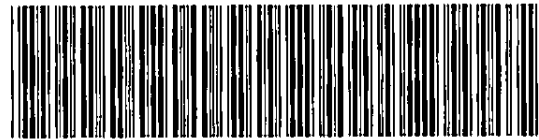
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100456747191

SEP 02 2025 10:08 AM

S. CHATHAM  
SEP - 2 2025

SEP 02 2025 10:08 AM

SEP 02 2025 10:08 AM

2025 SEP - 2 PM 4:08

FILED

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

---

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

---

**WALK IN**

**PICK UP:** MARIA 9/2

CERTIFIED COPY \_\_\_\_\_

**XX** PHOTOCOPY \_\_\_\_\_

CUS \_\_\_\_\_

**XX** FILING LLC AMEND \_\_\_\_\_

1. REVENUE RECOVERY SOLUTIONS, LLC

(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_

(CORPORATE NAME AND DOCUMENT #)

**SPECIAL INSTRUCTIONS:**

---

---

---

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Revenue Recovery Solutions, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John Bingaman

\_\_\_\_\_  
Name of Person

Revenue Recovery Acquireco, LLC

\_\_\_\_\_  
Firm/Company

552 Agua Fria Street

\_\_\_\_\_  
Address

Santa Fe, New Mexico 87501

\_\_\_\_\_  
City/State and Zip Code

john@ironcreek.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Bingaman

505

477-0104

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Revenue Recovery Solutions, 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 07/22/2025 and assigned  
Florida document number L25000326049.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited 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 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:

C T Corporation System

New Registered Office Address:

1200 SOUTH PINE ISLAND ROAD

Enter Florida street address

Plantation

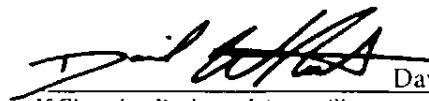
Florida 33324

City

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.*



David Westcott, Assistant Secretary

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>	<u>Type of Action</u>
AMBR	RRS Holdings Group, Inc.	861 SW 78th Ave., Suite 102	<input type="checkbox"/> Add
		Plantation, FL 33324	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Revenue Recovery Acquireco, LLC	552 Agua Fria Street	<input checked="" type="checkbox"/> Add
		Santa Fe, New Mexico 87501	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2025 SEP 2 PM 4:08  
ELECTRONICALLY SIGNED  
BY: [Signature]  
DATE: 2025 SEP 2 PM 4:08

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

Federal Employer Identification Number of Revenue Recovery Solutions, LLC is 20-0176564.

2025 SEP -2 PM 4:08  
FBI/DOJ

**E. 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 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated August 28, 2025

Signed by  
John Bingaman

Signature of a member or authorized representative of a member

John Bingaman

Typed or printed name of signee

**Filing Fee: \$25.00**