

MD9000002196

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

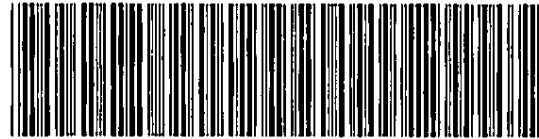
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2021 OCT -9 PM 2:23

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Admin Recovery LLC

Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Colleen Pillarina

Name of Person

Orion State Licensing Inc.

Firm/Company

15615 Alton Pkwy Ste 450

Address

Irvine CA 92618

City/State and Zip Code

Clepkoske@adminrecovery.com

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

For further information concerning this matter, please call:

Colleen Pillarina

Name of Person

at (888) 315-0805

Area Code & Daytime Telephone Number

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

September 10, 2021

Admin Recovery LLC

License No. _____

This notification shall advise you that the above referenced licensee, Admin Recovery LLC will be amending its advanced notice of ownership change effective date to 10/01/2021.

Currently, there are two 50/50 owners. One owner will relinquish his 50% ownership shares and the other will assume 100% of the ownership shares.

Present Ownership

| | |
|---------------|-----|
| Angelo Natale | 50% |
| Frank Parisi | 50% |

New Ownership

| | |
|--------------|------|
| Frank Parisi | 100% |
|--------------|------|

Very truly yours,



Frank Parisi
Member
Admin Recovery LLC

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Admin Recovery LLC

Enter new principal office 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)

2. The Florida document number of this limited liability company is: M09000002196

3. Jurisdiction of its organization: NY

4. Date authorized to do business in Florida: 06/09/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C.," or "LLC.")

6. If amending the registered agent and/or registered officer 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

_____, Florida _____
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.

If Changing Registered Agent, Signature of New Registered Agent

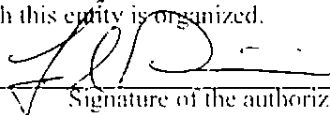
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

Change title/capacity: MGRM 100% FRANK PARISI 6225 Sheridan Drive, Suite 118, Williamsville, NY 14221

| <u>Title/ Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|------------------------|-------------|---------------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | ANGELO NATALE _____ | <input checked="" type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |
| _____ | _____ | _____ | <input type="checkbox"/> Add |
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| _____ | _____ | _____ | <input type="checkbox"/> Add |
| _____ | _____ | _____ | <input type="checkbox"/> Remove |

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Frank Parisi

Typed or printed name of signee

Filing Fee: \$25.00