

#N12000004555

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

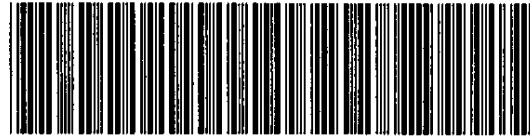
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 19 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Edex Recovery Solutions, 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:

Kim Morabito

Name of Person

Edex Recovery Solutions, LLC

Firm/Company

50 Washington Street, Suite 401

Address

Norwalk, CT 06854

City/State and Zip Code

kmorabito@edexrs.com

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

For further information concerning this matter, please call:

Kim Morabito

Name of Person

at (646) 722-9660

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

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

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

SECTION I (1-3 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of State: Edex Recovery Solutions, LLC

2. Jurisdiction of its organization: Delaware

3. Date authorized to do business in Florida: 8/13/2012

SECTION II (4-7 complete only the applicable changes)

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


ERG Asset Management 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.")

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

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

7. Attached is an original 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

George O'Dowd, President

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

The First State

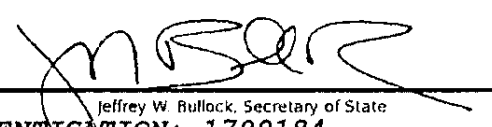
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF AMENDMENT OF "EDEX RECOVERY SOLUTIONS, LLC", CHANGING ITS NAME FROM "EDEX RECOVERY SOLUTIONS, LLC" TO "ERG ASSET MANAGEMENT LLC", FILED IN THIS OFFICE ON THE TWENTY-FIRST DAY OF OCTOBER, A.D. 2014, AT 2:59 O'CLOCK P.M.

5090440 8100

141317668

You may verify this certificate online
at corp.delaware.gov/authver.shtml




Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1799184

DATE: 10-21-14

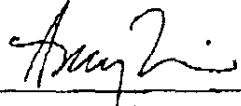
State of Delaware
Secretary of State
Division of Corporations
Delivered 02:59 PM 10/21/2014
FILED 02:59 PM 10/21/2014
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**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

1. Name of Limited Liability Company: Edex Recovery Solutions, LLC
2. The Certificate of Formation of the limited liability company is hereby amended as follows:

Edex Recovery Solutions, LLC is changing its name to
ERG Asset Management LLC.

IN WITNESS WHEREOF, the undersigned have executed this Certificate on
the 21st day of October, A.D. 2014.

By: 
Authorized Person(s)

Name: Amy Lai
Print or Type