

MI4000003595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

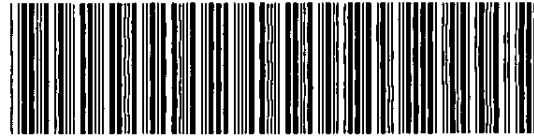
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900262360279

RECEIVED  
DEPARTMENT OF STATE  
14 AUG - 5 PM 5:28

FILED  
2014 AUG - 5 AM 10:52  
DEPARTMENT OF STATE  
TREASURY OF FLORIDA

AUG 06 2014  
J. BRUCE



COST LIMIT : \$25.00

ORDER DATE : August 4, 2014

ORDER TIME : 3:05 PM

ORDER NO. : 243196-010

CUSTOMER NO: 7993868

FOREIGN FILINGS

NAME: COLLECT PROS, LLC

XX LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT#62940

EXAMINER:

FILED  
2014 AUG -5 AM 10:52  
CLERK OF STATE  
TALLAHASSEE FLORIDA

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Collect Pros, LLC

**SECOND:** The Florida Document number of the limited liability company is: M14000003595

**THIRD:** Document to be corrected is:  
Application by Foreign LLC for Authorization to Transact Business in FL

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☐ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Item #7 contained a typographical error listing Michael A. Ross as "Managing  
Member". Michael A. Ross's correct title should have read "Manager / COO"

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

**OR**

- ☐ The electronic transmission of the record was defective.

Michael A. Ross  
Signature of Authorized Representative

08/05/2014  
Date

**FILED**  
2014 AUG -5 AM 10:52  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)