

M21000008638

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

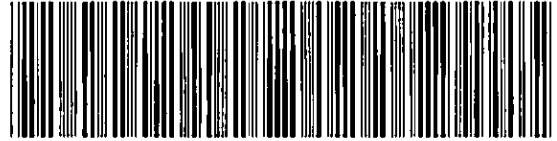
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300435073233

08/20/24--01035--001 **25.00

2024 AUG 20 PM 5:37
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED

AUG 27

S. PRATHER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diversified Recovery Bureau, 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:

Steve Saxbury

Name of Person

Diversified Recovery Bureau, LLC

Firm/Company

40 Gardenville Parkway, Suite 201

Address

West Seneca, NY 14224

City/State and Zip Code

licensing@diversifiedrecoverybureaulc.com

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

For further information concerning this matter, please call:

Steve Saxbury

Name of Person

at (716) 204-7146

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

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

2024 MAR 20 PM 5:37
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 03-20-2024 BY 60322 UCBAW

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: Diversified Recovery Bureau, 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: M21000008638

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: 06/30/2021

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

5. New name of the limited liability company: DRB-40, LLC
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

DRB 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.

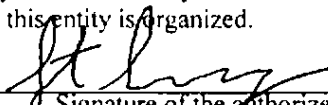
If Changing Registered Agent, Signature of New Registered Agent

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)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add

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

Steve Saxbury

Typed or printed name of signer

Filing Fee: \$25.00

2024 Jun 20 PM 5:37
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 06-20-2024 BY 60322 UCBAW

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "DRB-40, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWELFTH DAY OF MARCH, A.D. 2021, AT 11:29 O'CLOCK A.M.

CERTIFICATE OF MERGER, FILED THE SEVENTEENTH DAY OF JUNE, A.D. 2021, AT 12:20 O'CLOCK P.M.

CERTIFICATE OF AMENDMENT, CHANGING ITS NAME FROM "DIVERSIFIED RECOVERY BUREAU LLC" TO "DRB-40, LLC", FILED THE SIXTH DAY OF JUNE, A.D. 2024, AT 11:18 O'CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "DRB-40, LLC".




Jeffrey W. Bullock, Secretary of State

5478805 8100H
SR# 20241513759

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

Authentication: 203657543
Date: 06-07-24

State of Delaware
Secretary of State
Division of Corporations
Delivered 11:29 AM 03/12/2021
FILED 11:29 AM 03/12/2021
SR 20210889198 - File Number 5478805

STATE OF DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE OF FORMATION

The undersigned, an authorized natural person, for the purpose of forming a limited liability company under the provisions and subject to the requirements of the Delaware Limited Liability Company Act, hereby certifies that:

FIRST: The name of the limited liability company is:

Diversified Recovery Bureau LLC

SECOND: The address of its registered office in the State of Delaware is Corporation Trust Center, 1209 Orange Street, in the City of Wilmington, County of New Castle 19801. The name of its registered agent at such address is The Corporation Trust Company.

IN WITNESS WHEREOF, the undersigned has executed this Certificate of Formation on the 12th day of March, 2021.

/s/ Ian Klak
Ian Klak, Authorized Person

State of Delaware
Secretary of State
Division of Corporations
Delivered 12:20 PM 06/17/2021
FILED 12:20 PM 06/17/2021
SR 20212478849 - File Number 5478805

State of Delaware
Certificate of Merger of a Foreign Limited Liability Company
into a Domestic Limited Liability Company

Pursuant to Title 6, Section 18-209 of the Delaware Limited Liability Company Act.

First: The name of the surviving Limited Liability Company is Diversified
Recovery Bureau LLC, a Delaware Limited Liability Company.

Second: The name of the Limited Liability Company being merged into this surviving
Limited Liability Company is Diversified Recovery Bureau LLC.
The jurisdiction in which this Limited Liability Company was formed is New York.

Third: The Agreement of Merger has been approved and executed by both Limited
Liability Companies.

Fourth: The name of the surviving Limited Liability Company is Diversified
Recovery Bureau LLC.

Fifth: The executed agreement of merger is on file at 1426 Darlington Drive,
Derby, New York 14047
the principal place of business of the surviving Limited Liability Company.

Sixth: A copy of the agreement of merger will be furnished by the surviving Limited
Liability Company on request, without cost, to any member of the Limited Liability
Company or any person holding an interest in any other business entity which is to merge
or consolidate.

IN WITNESS WHEREOF, said Limited Liability Company has caused this certificate
to be signed by an authorized person, this 13th day of April, A.D., 2021.

By: _____

Authorized Person

Name: Steve Saxbury, Manager

Print or Type

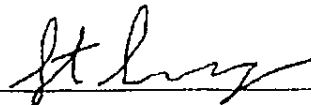
**STATE OF DELAWARE
CERTIFICATE OF AMENDMENT**

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

1. The name of the limited liability company is changed to DRB-40, LLC

IN WITNESS WHEREOF, the undersigned have executed this Certificate on the 6th day of June, A.D. 2024.

By: _____



Authorized Person(s)

Name: Steve Saxbury

Print or Type

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "DRB-40, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE SEVENTH DAY OF JUNE, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "DRB-40, LLC" WAS FORMED ON THE TWELFTH DAY OF MARCH, A.D. 2021.



5478805 8300

SR# 20241513759

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

A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 203399597

Date: 06-07-24