P0300004072

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COVER LETTER

TO: Amendment Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Division of Corporations
NAME OF CORPORATION: South Florida Collateral Recovery & Investig
DOCUMENT NUMBER: <u>P0300004072</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Mileidys Gonzaler Jame of Contact Person South Florida Collateral Recovery + Investigations Firm/Company 2730 W 78 Street Address Higleah, Fl 33018 City/State and Zip Code South Floridars @bellSouth.net E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Milei Jys Gonzale L at (786) 266-6042 Name of Contact Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment Section

Division of Corporations

2661 Executive Center Circle Tallahassee, FL 32301

Clifton Building

Articles of Amendment to Articles of Incorporation

Articles of	of		E face Car
South Florida Collateral (Name of Corporation as currently filed with t	Rewers L	Investigation	145 20 PM 1:42
PASTADATA		TALLY	HASSEE IS LATE
(Document Number of Corporation	on (if known)		modes, Michiga
Pursuant to the provisions of section 607.1006, Florida Statutes, its Articles of Incorporation:	this <i>Florida Profit Corporation</i> ad	lopts the following amendment(s	s) to
A. If amending name, enter the new name of the corporation	<u>ı:</u>		
		The new	
name must be distinguishable and contain the word "corpor "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," word "chartered," "professional association," or the abbreviati	or "Co". A professional corpora	rated" or the abbreviation	
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)			
C. Enter new mailing address, if applicable; (Mailing address MAY BE A POST OFFICE BOX)			
D. If amending the registered agent and/or registered office new registered agent and/or the new registered office add		ne of the	
Name of New Registered Agent			
(Florid	da street address)		
New Registered Office Address:	Florida_	(7:- Cada)	
((City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered A			
I hereby accept the appointment as registered agent. I am fami	liar with and accept the obligation.	s of the position.	

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Doe	
X Remove	<u>v</u>	Mike Jones	
_X Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change Add Remove	PT	Alain Rodriguez-Mera	2730 W 78 St. Higleah, FL 3306
2) Change Add Remove	PT	Hileidys Gonzalez	2730 W 785t Hideal, FL 33016
Change Add Remove			
4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			
T Tronto A &			

•	icles, enter change(s) here: (Be specific)
	 , , ,
	
If an amendment provides for an exch provisions for implementing the ame (if not applicable, indicate N/A)	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:

9/19/2014	
The date of each amendment(s) adoption:	, if other than the
Effective date if applicable:	
(no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 8 19 2014	
Signature MM / M	
(By a director, president or other office — if directors or officers have not been selected, by an incorporator — if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	_
Hiloidy S Gonzala (Typed or printed name of person signing) Residon + / Shaveholder.	
Resident / Shaveholder.	_