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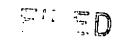
COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: United Collection	Service, Inc.	
DOCUMENT NUMBI			
The enclosed Articles o	f Amendment and fee are su	bmitted for filing.	
Please return all corresp	ondence concerning this ma	tter to the following:	
-	Thomas Hynes		
~		Name of Contact Person	
ŧ	Jnited Collection Service, In	ic.	
_		Firm/ Company	
1	06 Commerce Street, Suite	101	
•••		Address	
ι	Lake Mary, FL 32746		
_		City/ State and Zip Code	;
tph@c	fl.rr.com		
	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Thomas Hynes		at (833-8900
Name of	Contact Person	Area Coo	de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	rtment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Amer Divis P.O. I	ng Address dment Section ion of Corporations 30x 6327 nassee, FL 32314	Amend Divisio Clifton	Address ment Section n of Corporations Building xecutive Center Circle

Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of



2019 JUL -3 PM 3:45

United Collection Service, Inc.

(Name	of Corporation as curren	itly filed with the Florida Dept. of State)
P05000064575		~ · · · · · · ·
	(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607, its Articles of Incorporation:	1006, Florida Statutes, thi	s Florida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new na	me of the corporation:	
United We Collect, Inc.		
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp." "Inc." or	ion," "company," or "incorporated" or the abbreviation "Co". A professional corporation name must contain the
B. Enter new principal office address,	if applicable:	United We Collect, Inc.
(Principal office address MUST BE A S		106 Commerce Street, Suite 101
		Lake Mary, FL 32746
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		United We Collect, Inc.
<u> </u>		Post Office Box 953638
		Lake Mary, FL 32795
D. If amending the registered agent an new registered agent and/or the new		
Name of New Registered Agent	Ν/Δ	
	N/A	
	(Florida s	street address)
New Registered Office Address:	N/A	, Florida ^{N/A}
		(City) (Zip Code)
New Registered Agent's Signature, if c I hereby accept the appointment as regist		nt: r with and accept the obligations 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: XChange	<u>PT</u>	John Do	<u>e</u>	
X Remove	<u>V</u>	Mike Jo	<u>nes</u>	
X Add	<u>sv</u>	Sally Sn	<u>nith</u>	
Type of Action (Check One)	<u>Title</u>		Name	<u>Addres</u> s
1) Change		-		
Add				
Remove				
2) Change				
Add				
Remove				
3) Change		_		
Add				
Remove				
4) Change		_		
Add				
Remove				
5) Change				
Add		_		
Remove				_
() Ch				
6) Change		_		
Add				
Remove				

E. If amending or adding additional Articles, enter change(s) here: (Attach additional sheets, if necessary). (Be specific)	
N/A	
	·
· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·
F. If an amendment provides for an exchange, reclassification, or cancellation of i	ssued shares,
provisions for implementing the amendment if not contained in the amendmen	it itself:
(if not applicable, indicate N/A) N/A	
IVA	

	July 1, 2019	
The date of each amendment(s) as	doption:	_, if other than the
date this document was signed.		
Effective date if applicable:	1, 2019	
<u></u>	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bedocument's effective date on the De	block does not meet the applicable statutory filing requirements, this date will epartment of State's records.	not be listed as the i
Adoption of Amendment(s)	(CHECK ONE)	
The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast for the amendment(s) officient for approval.	
☐ The amendment(s) was/were app must be separately provided for	proved by the shareholders through voting groups. The following statement 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 _N/A	"	I
-	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder action and shareholder	
☐ The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action and shareholder	
June 25, 20 Dated	019	
Signature	Pres	_
(By a d selecte	irector, president or other officer – if directors or officers have not been d, by an incorporator – if in the hands of a receiver, trustee, or other court	-
appoin	ted fiduciary by that fiduciary)	
	Thomas Hynes	
	(Typed or printed name of person signing)	
	President	
	(Title of person signing)	