P1500604067/

(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: Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Engraval, Am Special Instructions to Engraval, Am Per her instructions to Engraval, Am Officer Instructions to Filing Officer: Constructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to English to English Special Instructions to English Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Instructions to Filing Officer: Line C. Cn 4/6/18- Special Ins		

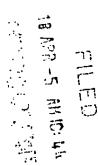
Office Use Only



700311428997

04/05/18--01024--034 **35.00

S TALLENT APR 0 6 2018



breng

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	Accurate Recoveries, Inc.
DOCUMENT NUMBER:	P 15000040671
The enclosed Articles of Amendmen	nt and fee are submitted for filing.
Please return all correspondence cor	acerning this matter to the following:
	Tina Garcia Conover
	Name of Contact Person
	Accurate Recoveries, Inc.
	Firm/ Company
	3804 N Hwy US 1
	Address
	Cocoa, Florida 32926
-	City/ State and Zip Code
	accuraterecoveries@yahoo.com
E-mail a	ddress: (to be used for future annual report notification)
For further information concerning t	
Name of Contact Per	at ()
Name of Contact Fel	Son Area Code & Daytine Telephone Number
Enclosed is a check for the followin	g amount made payable to the Florida Department of State:
	S Filing Fee & S43.75 Filing Fee & S52.50 Filing Fee cate of Status (Additional copy is enclosed) (Additional Copy is enclosed)
Mailing Address	Street Address
Amendment Secti	
Division of Corpo	
P.O. Box 6327 Tallahassee, FL 3	Clifton Building 2314 2661 Executive Center Circle

Tallahassee, FL 32301

Articles of Amendment Articles of Incorporation of

Accur	rate Recoveries Inc	
(Name of Corporation a	is currently filed with the Flor	rida Dept. of State)
p	15000040671	
(Document	Number of Corporation (if kno	own)
Pursuant to the provisions of section 607,1006, Florida Statistics Articles of Incorporation:	atutes, this Florida Profit Corpo	oration adopts the following amendment(s) to
A. If amending name, enter the new name of the corpo	oration:	
		The new
name must be distinguishable and contain the word " "Corp.," "Inc.," or Co.," or the designation "Corp.," " word "chartered," "professional association," or the abb	Inc," or "Co". A professione	"incorporated" or the abbreviation
B. Enter new principal office address, if applicable:	<u> </u>	
(Principal office address <u>MUST BE A STREET ADDRE</u>	<u>(SS</u>)	
		
C. Enter new mailing address, if applicable:		ुं अ
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)		
		<u> </u>
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		er the name of the
Name of New Registered Agent		
	(Florida street address)	
New Registered Office Address:		. Florida
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registe	ered Agent	
I hereby accept the appointment as registered agent. I an		obligations of the position.
Signatur	va of Nove Ronivtorad Amont if a	handing

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:

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	PT John I	<u>Doe</u>		
\underline{X} Remove	<u>V</u> <u>Mike Jones</u>			
X Add	SV Sally	<u>Smith</u>		
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s	
1) Change	PT. V.S, D	John Scott Conover, Jr.	3804 N. Hwy US I Cocoa, FL	
Add Remove				
2) Change	e,d,v,tq	Tina Garcia Conover	3804 N Hwy US 1 Cocoa, FL	
X Add			<u></u>	
Remove				
3) Change	<u>.</u>			
Add				
Remove			<u></u> .	
4) Change				
Add			-	
Remove				
5) Change				
Add				
Remove				
6) Change				
Add				
Remove				

famending or adding additional Arti Attach additional sheets, if necessary)	(Be specific)
	
	
provisions for implementing the ame	hange, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:
(if not applicable, indicate N/A)	

•	3/31/2018	
The date of each amendment(s) ac	loption:	, if other than the
date this document was signed.		•
Effective date if applicable:	3/31/2018	
Enective date it appreade.	(no more than 90 days after amendmen	nt file date)
Note: If the date inserted in this bedocument's effective date on the De	lock does not meet the applicable statutory filing repartment of State's records.	equirements, this date will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add by the shareholders was/were su	opted by the shareholders. The number of votes cast flicient for approval.	for the amendment(s)
	proved by the shareholders through voting groups. To each voting group entitled to vote separately on the	
"The number of votes east	for the amendment(s) was/were sufficient for approv	al
by	(voting group)	<u>_</u> ; .
	(voting group)	
☐ The amendment(s) was/were add action was not required.	opted by the board of directors without shareholder ac	ction and shareholder
The amendment(s) was/were add action was not required.	opted by the incorporators without shareholder action	and shareholder
3/31/2 Dated	100mand	
	irector, president or other officer – if directors or off	icers have not been
	d, by an incorporator - if in the hands of a receiver, t	rustee, or other court
appoin	ted fiduciary by that fiduciary)	
	Tina Garcia Conover	
	(Typed or printed name of person signing	g)
	President	
	(Title of person signing)	