P190000 37136

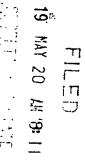
Office Use Only



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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPOR	RATION: Commercial Reco	very Specialist, INC				
DOCUMENT NUMI	P10000037136					
The enclosed Articles	of Amendment and fee are su	bmitted for filing.				
Please return all corres	pondence concerning this ma	tter to the following:				
	Mickey Koelling					
		Name of Contact Person	11			
	Commercial Recovery Specialist, INC					
		Firm/ Company				
	1097 SAXON Rd	. min company				
		Address				
	Waynesboro, GA 30830					
		City/ State and Zip Cod	e			
agent	koelling@yahoo.com					
		sed for future annual report	notification)			
		, , , , , , , , , , , , , , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
For further information	concerning this matter, pleas	se call:				
Mickey Koelling		386	213-0698			
	of Contact Person	at (386	/			
:Name (or Confact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State;			
S35 Filing Fee	☐S43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 thassee, FL 32314	Amend Divisio Clifton	Address Iment Section on of Corporations Building Executive Center Circle			

Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

of.

Commercial Recovery Specialist, INC		
(Name of Corporation :	as currently filed with the Florida Dept. of State)	
19000037136		
(Document	Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statis Articles of Incorporation:	atutes, this Florida Profit Corporation adopts the following amendme	ent(s) to
A. If amending name, enter the new name of the corpo	orațion:	
N/A	The new	4.J
	corporation," "company," or "incorporated" or the abbreviation 'Inc," or "Co". A professional corporation name must contain the	n
B. Enter new principal office address, if applicable:	N/A	
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>	
	三 五	
C. Enter new mailing address, if applicable:	N/A	j
(Mailing address <u>MAY BE A POST OFFICE BOX</u>)	IVA	י
	<u> </u>	
	N N	
D. If amending the registered agent and/or registered new registered agent and/or the new registered offi		
N/A Name of New Registered Agent		
Name of New Registered Agem		
-	(Florida street address)	
New Registered Office Address:	(City) , Florida (Zip Code)	
New Registered Agent's Signature, if changing Registe I hereby accept the appointment as registered agent. I an		
Signatur	e 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)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	V	Mickey Koelling	13780 Ryland St Ext
Add X Remove			Stapleton, AL 36578
2) Change	V	Jacob Owen	13780 Ryland St Ext
X Add			Stapleton, AL 36578
Remove			
3) Change			
Add			
Remove			
4) Change		<u> </u>	
Add			~111.1.
Remove			
5) Change			
Add			
Remove			
6) Change			
Add			
Remove			

(Attach additional	lding additional Arti sheets, if necessary).	icies, enter chang (Be specific)	e(s) nere:		
VA					
	_				
		_			
	 				
	· -				
. If an amendment provisions for in	provides for an exch uplementing the ame	nange, reclassificated	ition, or cancellat	tion of issued share endment itself:	es,
(if not applic	able, indicate N/A)				
/A			<u></u>		
		<u> </u>			
					

The date of each amendment(s) adoption:	than the
date this document was signed.	
N/A Effective date if applicable:	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be liste document's effective date on the Department of State's records.	ed as the
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 N/A	
(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.	
5/16/2019 Dated	
Signature	
(By a director, president or other officer – 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)	
Michen Koelling	
Mickey Koelling (Typed or printed name of person signing) Presiden+	

(Title of person signing)