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COVER LETTER

Division of Cor	rporations		
Extravagan	it Recovery Holdings LLC		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Micashea Razz		
		Name of Person	
	Extravagant Recovery Hol	dings LLC	
		Firm/Company	
	3800 Davie Rd Ext Unit 1:	202	
	.	Address	
	Hollywood,FL 33024		
	Micashea.razz@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report not	ification)
For further information c	concerning this matter, please ca	all:	
Micashea Razz		305 965-3911	
Name o	of Person	at () Area Code Daytin	ne Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Extravagant Recovery Holdings LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C." Enter new principal offices 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) B. If amending the registered agent and/or registered office 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 ___

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.

City

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Micashea Razz	3800 Davie Rd Ext Unit 1202 Hollywood FL 33024	≣ Add
			□Remove
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fective date, if other than the effective date is listed, the date mote: If the date inserted in this learners's effective date on the learners's effective date.	ust be specific and cannot be prior to block does not meet the applicab	date of filing or more than 90 date of statutory filing requireme	_(optional) ays after filing.) Pursuant to 605.0207 nts. this date will not be listed as
ecord specifies a delayed effecti is filed.	ive date, but not an effective tim	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
is filed. August 4th	ive date, but not an effective tim 2020	e, at 12:01 a.m. on the earlie	r of: (b) The 90th day after the
is filed. August 4th ted	2020	_•	·
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