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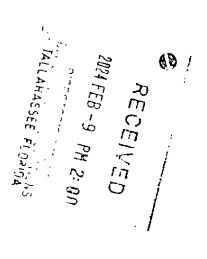
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N. HUNT

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DATE:

02/09/2024

NAME:

RECOVERY COMPANIONS LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO: Registration Se Division of Con				
	Companions LLC			
SUBJECT:				
	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ondence concerning this matter	to the following:		
		Name of Person		-
		Name of Person		
		Firm/Company		-
		,		Cont.
		Address		_
				्रं इंग
		City/State and Zip Code		AH 9:2
	Michele@RecoveryCompar			الاركار 15 كارا
	·	to be used for future annual report noti	fication)	29 L
For further information of	concerning this matter, please ca			
Michele Nadir Shaikh		754 308-6873		
Name o	of Person	Area Code Daytim	e Telephone Numbe	r
Enclosed is a check for the	ne following amount:			
≘ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &

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

Recovery Companions 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 and assigned This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: CAMBRIA HEIGHTS LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 16 Francis Street Enter new mailing address, if applicable: ACP07021 (Mailing address MAY BE A POST OFFICE BOX) Annapolis, Maryland 21401 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Effective date, if other than the (If an effective date is listed, the date in Note: If the date inserted in this document's effective date on the	ne date of filing: ust be specific and cannot be prior to date of filing or a block does not meet the applicable statutory filing Department of State's records.	(optional) more than 90 days after filing.) Pursuant to 603 ng requirements, this date will not be list	5.0207 ed as
	ive date, but not an effective time, at 12:01 a.m.	on the earlier of: (b) The 90th day after	r the
the record specifies a delayed effection is filed. February 9 Dated	2024		

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