

A1900000000014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

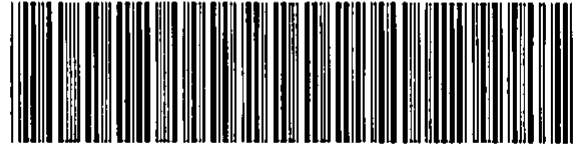
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 21 AM 7:40
State of Florida
Albritton

cc/ccs
H. Albritton

FEB 27 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECOVERYIP INNOVATIONS L.L.L.P.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SAMUEL JEAN

Contact Person

RECOVERYIP INNOVATIONS L.L.L.P

Firm/Company

1400 BISCAYNE BLVD SUITE 208-14

Address

MIAMI, FL 33132

City, State and Zip Code

Sam@recoveryip.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SAMUEL JEAN at (781) 6545718
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

- \$52.50 Filing Fee
- \$61.25 Filing Fee and Certificate of Status
- \$105.00 Filing Fee and Certified Copy
- \$113.75 Filing Fee, Certified Copy, and Certificate of Status

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

**CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF**

FILED
2019 FEB 21 AM 7:40
SEE
FALL 2019

RECOVERYIP INNOVATIONS L.L.L.P.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on JANUARY 07 2019, assigned Florida document number A19000000014, adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address: _____
(Must be *STREET* address) _____

New Mailing Address: _____
(May be *post office box*) _____

C. 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 _____
City Zip Code

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.

If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
G	JUSTIN ETLING	41 SAGAMORE PARK RD HANOVER, NH 03051 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
G	BILDAD ST. LOUIS	3703 CINDY DRIVE NEWARK, DE 19702 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
G	JNC FINANCIAL LLC	3200 S. CONGRESS AVE SUITE 104 BOYNTON BEACH, FL 33426	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
G	DANIEL GEORGE	40 LOWER ROAD DENHAM, UXBRIDGE UB9 5EB, UK	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

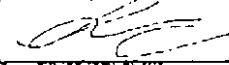
F. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: _____
(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

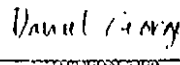
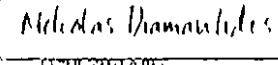
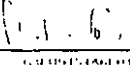
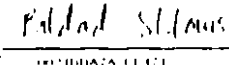
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

DocuSigned by:

CDB373BB-A623-4102-84E7-78532F05D737

Signature(s) of all new or dissociating general partner(s), if any:

DocuSigned by:  CDB373BB-A623-4102-84E7-78532F05D737 _____	DocuSigned by:  CDB373BB-A623-4102-84E7-78532F05D737 _____
DocuSigned by:  CDB373BB-A623-4102-84E7-78532F05D737 _____	DocuSigned by:  CDB373BB-A623-4102-84E7-78532F05D737 _____

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75