L0300023269

(Red	uestor's Name)	
— (Add	ress)	
(Add	ress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
,	•	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	
		<u> </u>

Office Use Only



400315277204

08/29/18--01028--001 **25.00

10 JUN 29 PH 3: 44 211 JUN 29 P 12: 31

aladi

ILED

COVER LETTER

*

Registration Section Division of Corporations

TO:

SUBJECT:	RE-CAP, L	LC			
SOUTE !		Name of Lin	nited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return	all correspo	ndence concerning this matter	to the following:		
		Charles H. Musgrove, Jr.			
			Name of Person		
			Firm/Company		
		5350 Carisbrooke Lane		<u> </u>	
			Address		
		Tallahassee, FL 32309			
		cmusgrove@beanteam.com	City/State and Zip Code		Millim 29 P P
		E-mail address: (to be used for future annual report i	notification)	
For further in	formation co	oncerning this matter, please c	all:	۷.	<u>~</u>
Charles H. M	lusgrove, Jr.		850 893-7710 at ()		
	Name of	Person	Area Code Day	time Telephone Number	_
Enclosed is a	check for th	e following amount:			
■ \$25.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Certificate o Certified Co (additional cop	f Status & py

MAILING ADDRESS:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RE-CAP, LLC		
(<u>Name of the Limited Lial</u> (A Flor	pility Company as it now appears on our record rida Limited Liability Company)	<u>is.</u>)
The Articles of Organization for this Limited Liability	Company were filed on June 26, 2003	and assigned
Florida document number L03000023269		
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "I	.imited Liability Company," the designation "LLC	
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	و ،
		U
Enter new mailing address, if applicable:		- ω
Mailing address MAY BE A POST OFFICE BOX)		
		<u> </u>
3. If amending the registered agent and/or re-		s, enter the name of the
registered agent and/or the new registered office ac	ddress here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	XX.
	. FI	orida
	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 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, <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>	Address	Type of Action
AMBR	Austin T. Musgrove	4341 Thomas Drive	■ Add
		Lot 710	☐ Remove
		Panama City Beach, FL 32409	Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
- <u> </u>			Add 11
			D Remove
			□ D Change
			□ Remove
			□ Change
		_	Add
			☐ Remove
			☐ Change

			· <u>-</u>				
-							
					· ·		
		·		··-·			
					-		
					-		
	-			<u>.=</u> .			
	· ·			-		·	
-							
				·			
)	27/1	
					ئىد د	, E	7
					in in	59	
fective date, if other than	the date of filin	g;			(ontioñal)	Ū	Til
Tective date, if other than an effective date is listed, the date ote: If the date inserted in this ocument's effective date on the	s block does not i	neet the applic	able statutory	or more than 90 d filing requireme	ays after filling.) nts. this date v	Parsuant will not b	to <u>605</u> 1020 be listed a
record specifies a dela The 90th day after the i			ot an effectiv	ve time, at 1	2:01 a.m. c	on the	earlier c
Uhle HM		2018	·				
A4 4 4.4	1						
ر ۱۲۲۸ ایمالید ۱۲ (۱۲ مار)	4444 LA			ative of a member			

Page 3 of 3

Filing Fee: \$25.00