

L060000056853

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

OCT 18 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Northern Florida Recovery, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Tina Glover

Name of Person

Northern Florida Recovery, LLC

Firm/Company

6671 Highlands Creek Blvd

Address

Lakeland, FL 33813

City/State and Zip Code

northernflorida@gmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Tina Glover

Name of Person

at (863)

937-7839

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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**

Northern Florida Recovery, 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 06/02/2006 and assigned
Florida document number L06000056853.

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 end with the words "Limited Liability Company," the designation "LLC" 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:

Tina Glover

New Registered Office Address:

6671 Highlands Creek Blvd

Enter Florida street address

Lakeland

, Florida

33813

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 608, 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.

Tina Glover

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Cynthia Prince	6671 Highlands Creek Blvd Lakeland, FL 33813	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tina Glover	6671 Highlands Creek Blvd Lakeland, FL 33813	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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JUDICIAL CIRCUIT IN
FLORIDA

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

Effective: 4/21/2011 Under Northern Florida Recovery, LLC under new
ownership: Our Federal EIN number was changed to reflect 45-1863938.
Please update all mailing address's of New Registered Agent as well as MGRM
as well as change our EIN number in the system.

Dated October 14, 2011

Tina Glover

Signature of a member or authorized representative of a member

Tina Glover

Typed or printed name of signee