## L07000060897

(R	Requestor's Name)	
(A	ddress)	
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(C	City/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(8	Business Entity Nan	ne)
(D	Ocument Number)	<u>-</u> .
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	

Office Use Only



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ALIAHASSEE FLO

2023 FEB - 7 PM 3:

## CT CORP

## 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

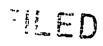
02/07/2023

Date:

		Acc#I20160000072	
Name:	Severe Incid	lent Recovery Team,	LLC
Document #:			
Order #:	14763956 - 3	21	
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good			
Standing:			
Certified Copy of			
Apostille/Notarial Certification:		Country of Destination:  Number of Certs:	
Filing: 🗸	Certified: Plain: COGS:		Email Address for Annual Report Notifica
Availability  Document  Examiner  Updater  Verifier  W.P. Verifier  Ref#	Amount: \$	55.00	

Thank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2023 FEB -7 AH 9: 40

SEVERE IN	CIDENT REC	OVERY TEAM	M, LLC		Y DE STATE
SEVERE INC (Name of the Limited Lia (A Flo	i <mark>bility Compan</mark> orida Limited Li	y as it now appea ability Company)	ars on our i	records:) ( ) · · ·	SEE. FL
The Articles of Organization for this Limited Liability Florida document number 1.07000060897	y Company v	vere filed on _	June 8, 2	2007	and assigned
This amendment is submitted to amend the following	<b>;</b> :				
A. If amending name, enter the new name of the b	limited liabil	ity company h	<u>iere</u> ;		
The new name must be distinguishable and contain the words "I	Limited Liabilit	y Company," the	designation	"LLC" or the a	obreviation "L.L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AD	DRESS)			· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registe agent and/or the new registered office address here	ered office ac	dress on our	records, <u>c</u>	enter the nan	ne of the new register
Name of New Registered Agent:	<u> </u>				
New Registered Office Address:					
		Enter Flo	orida street a	uldress	-
				Florida	
	<del>-</del>	City			Zip Code
New Registered Agent's Signature, if changing Regists	ered Agent:				
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	d complete p Lagent as pr vered office c	erformance o covided for in	f my dutie Chapter (	es, and Lam 605, F.S. Or,	familiar with and if this document is

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Emerald Towing, Inc.		ClAdd
		2300 Wiles Road, Pompano Beach, FL 33073	<b>⊡</b> Remove
			□Change
			□Remove
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	•		
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								·	<del>.</del>	
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Filing Fee: \$25.00