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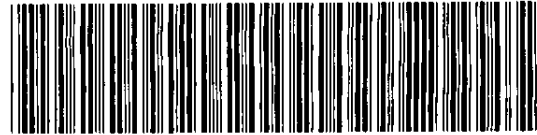
(Business Entity Name)

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B. BOSTICK

MAR - 1 2013

EXAMINER

AN AGREEMENT ENTERED INTO ON 02/27/2013

On February 27th, 2013, Susan Lawler and Brian L Edwards Esq., agree to add Salvatore Tavalacci as a registered agent to North American Recovery Of SW FL, LLC. A cash deposit of \$1,800 has been made in good faith to this agreement.

A remaining balance will be paid in full in the form of a single \$1,700 payment to Susan Lawler and/or Brian L. Edwards Esq. once the paperwork required by Florida Department Of State Division Of Corporations has been completed and the license for North American Recovery Of SW FL, LLC displays the name Salvatore Tavalacci. The total payment for the agreement is to be \$3,500, upon which ownership will transfer to Salvatore Tavalacci.

Those parties signing below understand and agree to the terms of this document.

Printed name of prior holder: Susan Lawler Date: 2/27/13
Signature of prior holder: Susan Lawler Date: 2/27/13
Printed name of acquirer: Salvatore Tavalacci Date: 2/27/13
Signature of acquirer: Salvatore Tavalacci Date: 2/27/13

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: North American Recovery Of SW FL, 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:

Edwards, Brian L Esq

Name of Person

North American Recovery Of SW FL, LLC

Firm/Company

924 SE 14th Ave

Address

Cape Coral, FL 33990

City/State and Zip Code

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

For further information concerning this matter, please call:

Salvatore Tavalacci

Name of Person

at **941 302-8805**

Area Code & Daytime Telephone Number

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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**

North American Recovery Of SW FL, 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 02/27/2013 and assigned
Florida document number L10000028092.

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**)

North American Recovery Of SW FL, LLC

5710 Zip Drive #1

Fort Myers, FL 33905

Enter new mailing address, if applicable:
(Mailing address **MAY BE A POST OFFICE BOX**)

North American Recovery Of SW FL, LLC

5710 Zip Drive #1

Fort Myers, FL 33905

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:

Salvatore Tavalacci

New Registered Office Address:

5710 Zip Drive #1

Enter Florida street address

Fort Myers

Florida 33905

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.

(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	Salvatore Tavalacci	5710 Zip Drive #1	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33905	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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ALL INFORMATION CONTAINED
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 02/27/2013

Susan Lawler

Signature of a member or authorized representative of a member

Susan Lawler

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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