

L110000061480

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA
STATE DEPARTMENT OF STATE

08/03/12--01015--016 ***30.00

K. SALY
EXAMINER
AUG 7 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Recovering Souls 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:

Nicholas Cirio

Name of Person

Firm/Company

6742 Forest Hill Blvd #259

Address

West Palm Beach FL 33413

City/State and Zip Code

ncirio@recoveringsouls.com

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

For further information concerning this matter, please call:

Nicholas Cirio

Name of Person

at (561)

797-8437

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**

FILED
12 AUG -3 PM 4:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Recovering Souls 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 05/23/2011 and assigned Florida document number L11000061480.

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)

6742 Forest Hill Blvd #259
West Palm Beach, FL 33413

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

6742 Forest Hill Blvd #259
West Palm Beach, FL 33413

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:

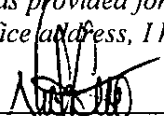
Name of New Registered Agent: Nicholas Cirio

New Registered Office Address: 6742 Forest Hill Blvd #259
Enter Florida street address

West Palm Beach, Florida 33413
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

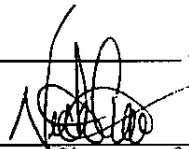
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	William R Peevy Jr	870 Marina Del Ray #6 West Palm Beach, FL 33411	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Nicholas Cirio	6742 Forest Hill lvd #259 West Palm Beach, FL 33413	<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

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

Dated _____



Signature of a member or authorized representative of a member

Nicholas Cirio

Typed or printed name of signee