L11000086688

(Re	questor's Name)	······································
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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NIE 1 ? 2015 J. HARRIS

COVER LETTER

TO: R	egistration Se ivision of Cor	ction porations					
STID IECT		RECOVERY SPECIALISTS	LLC				
Name of Limited Liability Company							
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retu	rn all correspo	indence concerning this matter	to the following:				
·		KEVIN W DOWNS					
			Name of Person				
		FORENSIC RECOVERY	SPECIALISTS LLC				
			Firm/Company	.			
		1801 N WICKHAM RD S	UITE 5				
			Address				
		MELBOURNE, FL 32935					
			City/State and Zip Code				
		KEVINWD123@GMAIL.C	COM to be used for future annual report notific	cation)			
For further	information c	oncerning this matter, please ca	•	cationy			
KEVIN DO	OWNS		954 234-8085				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclosed is	a check for th	ne 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



July 31, 2015

KEVIN W DOWNS 1801 N WICKHAM RD SUITE 5 MELBOURNE, FL 32935

SUBJECT: FORENSIC RECOVERY SPECIALISTS LLC

Ref. Number: L11000086688

We have received your document for FORENSIC RECOVERY SPECIALISTS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 915A00016169

15 AUG 12 PH 2: 30

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORENSIC RECOVERY SPECIALISTS LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L11000086688	were filed on 7/27/2011	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the designation "I I C" or the	akkennistion "I I C."
Enter new principal offices address, if applicable:	1801 N WICKHAM RD SUITE 5	aboreviation E.E.C.
(Principal office address MUST BE A STREET ADDRESS)	MELBOURNE, fl 32935	2 A
Enter new mailing address, if applicable:	1801 N WICKHAM RD SUITE 5	1 PH 2
(Mailing address MAY BE A POST OFFICE BOX)	MELBOURNE, FL 32935	<u> </u>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address:		er the name of the new
·	, Florida _	
	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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
	CHRIS WATSON	7099 N ATLANTIC AVE SUITE I	Add
-		CAPE CANAVERAL, FL 32920	■ Remove
•			□ Change
			□ Add
		 	□ Remove
			Change
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f an effective	tte, if other than date is listed, the date	must be specific	and cannot be	prior to date of	f tiling or more	(0 than 90 days	prional) after filing.)	Pursuant	to 605.0
Note: If the	date inserted in thi	s block does n	ot meet the a	pplicable stat	utory filing r	equirements.	this date w	rill not l	be listed
document's	effective date on th	e Department	of State's rec	ords.					
	specifies a dela			t not an ef	fective tin	ne, at 12:0)1 a.m. o	n the	earlie
ine 90th	day after the	record is file	ed.						
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Dated		,	2015				j		
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_		Signature o	of a member or	authorized rep	oresentative of	a member	3	会員	G 12
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K	EVIN W DOWNS			printed name o				777	PH 2:

Page 3 of 3

Filing Fee: \$25.00