U12000048761

(Re	questor's Name)	
(Ad	dress)	
	<u></u> .	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000234260260

05/04/12--01018--001 **30.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. CLINE
MAY - 8 2012
EXAMINER

COVER LETTER

то:	Registration Sec Division of Corp				
SUBJECT: REAL LIFE			RECOVERY, LLC		
		Name of Limit	ed Liability Company		
The end	losed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please 1	eturn all correspo	ndence concerning this matter	to the following:		
			CARIE DOUGLAS		
			Name of Person		
		REAL	LIFE RECOVERY, LLC		
			Firm/Company		
		258 S	E 6TH AVENUE, SUITE 7		
			Address		
		DEL	RAY BEACH, FL 33444		
City/State and Zip Code			· <u> </u>		
		ca	rieee25@yahoo.com		
		E-mail address: (I	to be used for future annual report notifica	tion)	
For fur	ther information c	oncerning this matter, please c	all:	•	
	CAR	IE DOUGLAS	at (352)3	39-5476	
	Name o	of Person	Area Code & Daytime	SECRETARY SECRETARY	2772
Enclose	ed is a check for th	he following amount:		Y-4 IARY ASSE	-
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Slatus & Certified Copy (additional copy) endos	ed)

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

REAL LIFE	RECOVERY, LL	C			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea nited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Com	npany were filed on	04/10/2012	and assigned		
Florida document number <u>L12000048761</u> .					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	d liability company he	<u>re</u> :			
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Comp.	any," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRE	<u>SS)</u>		TALLANE W		
			=======================================		
			SSE		
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)			~~~ ~~~		
			RIDA		
B. If amending the registered agent and/or register		our records, enter	the name of the new		
registered agent and/or the new registered office address	ss nere:				
Name of New Registered Agent:		<u> </u>			
New Registered Office Address:					
	Enter Florida street address				
		, 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 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 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:

100

MGR = Manager

MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address MGRM** CARIE DOUGLAS ✓ Add ☐ Remove 258 SE 6TH AVENUE, SUITE 7 DELRAY BEACH, FL 33444 MGRM **ERIC SNYDER** 258 SE 6TH AVENUE, SUITE 7 **✓** Add Remove DELRAY BEACH_EL 33444 ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary 2012 04/19 Dated ___ a member or authorized representative of a member CARIE DOUGLAS Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00