

L120000 51964

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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DIVISION OF CORPORATIONS
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APR 26 2012

T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Las Olas Recovery 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:

Mitchell Perlstein

Name of Person

Law offices of Mitchell L. Perlstein

Firm/Company

4400 N Federal Hwy Suite 210

Address

BOCA RATON FL 33431

City/State and Zip Code

mperlstein@perlste.in

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

For further information concerning this matter, please call:

Mitchell L. Perlstein

Name of Person

at (**561**)

3680831

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 APR 25 PM 12:13

Las Olas Recovery 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 April 17, 2012 and assigned
Florida document number L12000051964.

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:

2413 E. Atlantic Blvd

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach FL 33062

Enter new mailing address, if applicable:

2413 E. Atlantic Blvd

(Mailing address MAY BE A POST OFFICE BOX)

Pompano Beach FL 33062

Attn: Ocean Breeze Recovery

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:

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 Changing Registered Agent, Signature of New Registered Agent

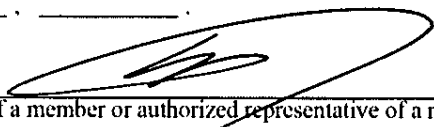
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mitchell Perlstein	4400 N Federal Hwy Ste 210-46 Boca Raton FL 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	ocean breeze recovery llc	2413 E. Atlantic Blvd Pompano Beach FL 33062	<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 April 24, 2012



Signature of a member or authorized representative of a member
Mitchell Perlstein

Typed or printed name of signee

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