

L/2000/17381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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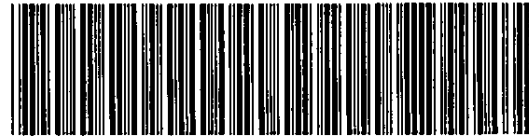
(Business Entity Name)

(Document Number)

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FILED
13 APR -8 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
APR 10 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Reimbursement Recovery Resources, 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:

Shivon Patel, Esq.

Name of Person

The Principal Law Firm, P.L.

Firm/Company

7025 CR46A, Ste 1071, PMB 353

Address

Lake Mary, FL 32746

City/State and Zip Code

shivon@principallaw.net

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

For further information concerning this matter, please call:

Shivon Patel

Name of Person

at (407)

322-3003

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
13 APR -8 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Reimbursement Recovery Resources, 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 9/13/2012 and assigned
Florida document number L12000117381.

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)

9737 NW 41st Street

Suite 901

Miami, Florida 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9737 NW 41st Street

Suite 901

Miami, Florida 33178

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:

The Principal Law Firm, P.L.

New Registered Office Address:

7025 CR46A, Ste 1071, PMB 353

Enter Florida street address

Lake Mary

Florida

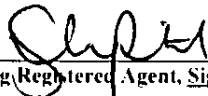
32746

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

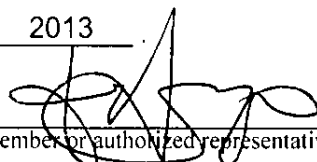
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		_____	<input type="checkbox"/> Remove

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		_____	<input type="checkbox"/> Remove

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

Dated _____, 2013



Signature of a member or authorized representative of a member

Alejandro Arango

Typed or printed name of signee