

# L13000079986

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H13000140391 3)))



H130001403913ABCW

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : GASSMAN & ASSOCIATES, P.A.  
Account Number : 075350000514  
Phone : (727) 442-1200  
Fax Number : (727) 443-5829

FILED  
13 JUN 20 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
13 JUN 20 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
RECOVERY RESOURCES OF TAMPA BAY, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

JUN 24 2012  
B. KOHR

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Audit Fax #

H130001403913

RECOVERY RESOURCES OF TAMPA BAY, L.L.C.

(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 06/03/2013  
Florida document number L13000079986

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RECOVERY RESOURCES OF FLORIDA, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office, enter 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

H130001403913

H130001403913

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  
MCRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	CHARLES K. FRIEDMAN	P.O. BOX 7048	<input type="checkbox"/> Add
		SEMINOLE, FL 33775	<input checked="" type="checkbox"/> Remove
MGR	CHARLES K. FRIEDMAN	1245 COURT STREET, SUITE 102	<input checked="" type="checkbox"/> Add
		CLEARWATER, FL 33756	<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

H130001403913

H130001403913

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

---

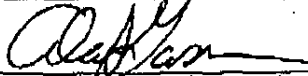
---

---

---

---

Dated June 20, 2013



Signature of a member or authorized representative of a member

ALAN S. GASSMAN, Authorized Representative

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

H130001403913