

L13000094791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

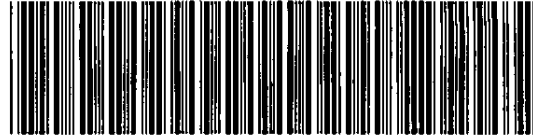
(Document Number)

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FILED
16 AUG 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 17 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SEBASTIAN 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:

ROBERT L. WOODARD, SR.
Name of Person

SEBASTIAN RECOVERY, LLC.
Firm/Company

12366 SW 52 COURT
Address

COOPER CITY, FLORIDA 33330
City/State and Zip Code

RLWSRPREVAILS@AOL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT L. WOODARD, SR. at (954) 205-7828
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SEBASTIAN 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 7/01/2014 and assigned Florida document number L13000094791.

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 contain 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)

12366 SW 52 COURT
COOPER CITY, FLORIDA 33330

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12366 SW 52 COURT
COOPER CITY, FL 33330

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:

ROBERT L. WOODARD, SR.

New Registered Office Address:

12366 SW 52 COURT

Enter Florida street address

COOPER CITY, Florida 33330

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.

Robert L. Woodard, Sr.

If Changing Registered Agent, Signature of New Registered Agent

16 AUG 14 10:14 AM
STATE OF FLORIDA
SECRETARY OF STATE

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	WILLIAM A. TYRRELL	16199 ISLAND HARBOR ROAD	<input type="checkbox"/> Add
		SEBASTIAN, FL 32958	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ROBERT L. WOODARD, Sr	12366 SW 52 COURT	<input checked="" type="checkbox"/> Add
		COOPER CITY, FL 33330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

ST. JOHN'S COUNTY
TALLAHASSEE, FLORIDA
AUG 5 4 10:40 PM '90

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Robert H. Woodcraft
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

ROBERT L. WOODARD, SR

Typed or printed name of signee

15 AUG 15 AM 10:44
SEAL STATE
TALLAHASSEE FLORIDA