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SEP 27 2013

COVER LETTER

TO:	Registration of	on Section Corporátio	ens				
SUBJĘ	:cт:	Rache	Name of Limb	G B RECOVERY W.C	<u> </u>		
The end	closed Article	es of Amend	ment and fee(s) are sub	mitted for filing.			
Please	return all com	respondence	concerning this matter	to the following:			
			RA	Name of Person			
			KAChel's	TIWING & RECOVERY Firm/Company	CLC		
			7650	CORAL OR Address			
			50019		904 \	MISEP 26 F	and a
For fur	ther informat	ion concerni	ng this matter, please c	•	,	PHIZ: 22	A Person
	SAM	Roig		at (321) 508 79 Area Code & Daytime Te	08	22 116 116 116 116	
	Ni	ane or regon		Area Code & Dayinie 1e	repriorie (vanioe)		
Enclose	ed is a check	for the follo	wing amount:				
\$25	.00 Filing Fe		0.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	□\$60.00 Filing Certificate o Certified Co (additional o	of Status &	

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

· Rachel's To	WING & RECOVE	my ICC	
	bility Company as it now appears orida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabi Florida document number /3000 // 608	lity Company were filed on $\frac{8}{7}$.	(16(13 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liability company here	:	
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liability Compan	y," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicabl	e:	证明 增	
(Principal office address MUST BE A STREET A	(DDRESS)	26	
		7	
		5 7	
Enter new mailing address, if applicable:		22	
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered agent and/or the new registered office		nr records, <u>enter the name of the new</u>	
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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Type of Action Title · Address <u>Name</u> Remove Add Remove Add Remove Remove Add Remove

D. If amending any other information, enter change(s) here: (Attach additional she	eets, if necessary.)
Dated September 23 . 2013 Signature of a member or authorized representative of a member of printed name of signee	nember
Page 3 of 3	
Filing Fee: \$25.00	2013 SEP 26 PM 12: 22 STORE TARY OF STATE