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(Re	equestor's Name)	
(Ac	ldress)	,
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Вс	usiness Entity Name	e)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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SECRETATION STATE
TALLAHASSEE, FLORIDA

COVER LETTER

SUBJECT: Righ	t-Now F	ted Liability Company	
3	Name of Limit	ted Liability Company	•
The enclosed Articles of Amend	ment and fee(s) are subr	mitted for filing.	
Please return all correspondence	concerning this matter t	to the following:	
	Hecto	Vazquez Name of Person	
	1,0,10	Name of Person	
	0. 1-4 (N- > 0	
	<u> </u>	Now Recovery	
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	5320	Hickory St.	17.52 17
		Address	
	Panama	City El ZOUNL	FILED AR 12 P
	randina	City/State and Zip Code	2 LE
	E-mail address: (t	to be used for future annual report notification	on) 22 2
For further information concerni	ng this matter, please ca	nll:	0.1 0.1
,,, ,			
Hector la	zquez	<u> </u>	<u>393</u>
Name of Person	•	Area Code Daytime Tel	ephone Number
Enclosed is a check for the follo	wing amount:		
	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 48 Division of Corporations

TO:

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

Right - Now Recovered Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) illity Company)
The Articles of Organization for this Limited Liability Company we Florida document number <u>L14000\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	ere filed on July 23, 2014 and assigned
A. If amending name, enter the new name of the limited liabilit	y 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:	2300 East 5th 5t
(Principal office address MUST BE A STREET ADDRESS)	Panama City, FL 32401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	APR 12 PH
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	e address on our records, enter the name of the ne
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 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.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adde or removed from our records:

MGR = 'Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Scan Ranow	4902 Colorado St	Add
		4902 Colorado St Panama City, FL 3240	H Remove
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			☐ Remove
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ective date, if other than the date of filing:	(optional)
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 60:
te: If the date inserted in this block does not meet the applicable statument's effective date on the Department of State's records.	nory ming requirements, this date will not be fish
record specifies a delayed effective date, but not an eff	fective time, at 12:01 a.m. on the earli
he 90th day after the record is filed.	
. 4/8/16	
cd 9/8/6	
Herton ()	
Signature of a member or authorized repr	recontative of a member

Page 3 of 3

Filing Fee: \$25.00