

L14000128787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

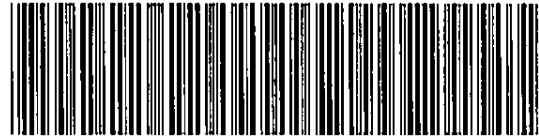
(Document Number)

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2017 SEP 25 PM 12:27
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FALL ARIZONA STATE COURT

K. SALY
SEP 26 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brian Pagan Recovery Solutions, PLLC
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:

Brian Pagan
Name of Person
Brian Pagan Recovery Solutions, PLLC
Firm/Company
4400 N. Federal Hwy Ste 210
Address
Boca Raton, FL 33431
City/State and Zip Code
bpaganrecovery@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian Pagan at (954) 696-4001
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

Brian Pagan Recovery Solutions, PLLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

FILED
2017 SEP 25 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 8/18/2014 and assigned
Florida document number L14000128787

This amendment is submitted to amend the following:

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

Brian Pagan, LMHC, PLLC
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) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

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: _____

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 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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2017 SEP 25 PM 12:28
FILED
CLERK OF DISTRICT COURT
JANUARY 10 2018

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

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FBI - NEW YORK

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated

~~Signature of a member or authorized representative of a member~~

Brian D. Pagan
Typed or printed name of signee

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 7, 2017

BRIAN PAGAN RECOVERY SOLUTIONS, PLLC
BRIAN PAGAN
4400 N FEDERAL HWY, STE. 210
BOCA RATON, FL 33431

SUBJECT: BRIAN PAGAN RECOVERY SOLUTIONS, PLLC
Ref. Number: L14000128787

We have received your document for BRIAN PAGAN RECOVERY SOLUTIONS, PLLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 917A00018533

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