## 14000185363

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## **COVER LETTER**

Div	ision of Corp	orations	· •				
SUBJECT:	Simple Path	Recovery	· , ,				
		Name of Lim	ited Liability Company				
The enclosed	l Articles of A	amendment and fee(s) are sub	omitted for filing.				
Please return	all correspon	dence concerning this matter	to the following:				
		David Russell					
			Name of Person				
		BWA.	Table 61, Clixii				
		RWM					
			Firm/Company				
		6790 Main St Suite 120					
			Address				
		Williamsville NY 14226					
			City/State and Zip Code	<del></del>			
		druss1961@gmail.com				~>	
			to be used for future annual report notification)			ă7;	
For further in	iformation co	neerning this matter, please ca	all:			<u> </u>	1
Amy Russel	l		781 883-6216 at ( )			7979 SEP 16	*
	Name of	Person	Area Code Daytime Telepho	one Number		뫋	
Enclosed is a	check for the	following amount:			.; <del>-</del> . ; ;	::	
□ \$25.00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & ■ Certified Copy (additional copy is enclosed)	Certified C	of Status &		

TO:

Registration Section

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simple Path Recovery, LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L14000185363</u> .	ny were filed on 12/03/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the designation "LLC" or the al	obreviation "L.L.C."
Enter new principal offices address, if applicable:	<del>_</del>	
(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 offic agent and/or the new registered office address here:	ee address on our records, <u>enter the nan</u>	ne of the new registere
Name of New Registered Agent:		202
New Registered Office Address:		
	Enter Florida street address	5
<del></del>	, Florida	Zin Coyle T
New Registered Agent's Signature, if changing Registered Agen	•	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a	ete performance of my duties, and I am	familiar with and

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>	Type of Action
AMBR	Samantha Van Sant	1990 N Federal Hwy suite A	DAdd
		Pompano Beach, FL, 33062	#Remove
			□ Change
MGR	Amy Russell	42 Harbor Hill Rd	■ Add
		Gross Pointe Farms, MI,48236	□Remove
		-	□ Change
	<del></del>		□Add
			Remove
<del></del>			Adds , 1
			□ Change
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			□Remove
			□Change

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	,
fective date, if other than the date of filing:	(optional)
te: If the date inserted in this block does not meet the applie	r to date of filing or more than 90 days after filing.) Pursuant to 605,020 table statutory filing requirements, this date will not be listed a
cument's effective date on the Department of State's records.	
ecord specifies a delayed effective date, but not an effective ti	ime, at 12:01 a.m. on the earlier of: (b) The 90th day after the
is filed.	,
September, 14th 2020	
ned	<del></del> ·
Signature of a member or auth	elen

Filing Fee: \$25.00