# Lircoog 62281

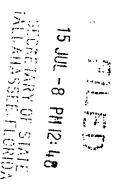
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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### **COVER LETTER**

TO: Registration S Division of Co			
ReCon Rei	novations, LLC		
SUBJECT.	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub-	· ·	
	Donovan Carroll		
		Name of Person	<del></del>
	ReCon Renovations, LLC		
		Firm/Company	
	305 Melissa Ray Drive		
		Name of Person  Firm/Company  Address  City/State and Zip Code  to be used for future annual report notification at lit. at () Area Code  Daytime Telepl	- AMPERICA
	Jacksonville, FL 32225		
	<del> </del>	City/State and Zip Code	·····
	ReCon.dcarroll@gmail.com		ication)
For further information	concerning this matter, please of	·	<i>leation</i>
Casie Moore	concerning and matter, preuse of	904 403-8057	
Name (	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	the following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy	☐ \$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

ReCon Renovations, LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L15000062281	were filed on April 9, 2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:	305 Melissa Ray Drive	
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, FL 32225	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	305 Melissa Ray Drive  Jacksonville, FL 32225	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the name of the
Name of New Registered Agent:		SS
New Registered Office Address:	Enter Florida street address	B PH IZ
	, Florida _ City	Zip Code
	3	

#### 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

<u>Title</u>	Name	Address	Type of Action
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record specifies a delay The 90th day after the r	yed effective date, but not a record is filed.	an effective time, at 12:	01 a.m. on the	earlier
ted	2015	.•		
(2017)	Mon	zed representative of a member		

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Typed or printed name of signee

Filing Fee: \$25.00