

L15000068290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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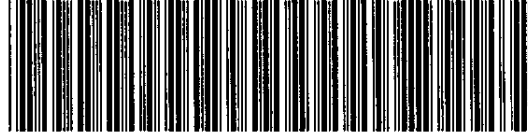
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

JUL 14 2015
J. B. JONES

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECOVERY SOLUTIONS NETWORK, LLC
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:

JEFFREI COHEN, ESQ.
Name of Person

FLORIDA HEALTHCARE LAW FIRM
Firm/Company

909 SE 5TH AVE. SUITE 200
Address

DELRAY BEACH, FL 33483
City/State and Zip Code

JCOHEN @ FLORIDAHEALTHCARELAWFIRM.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACQUELINE BAIN, ESQ. at (561) 455-7700
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$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
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

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RECOVERY SOLUTIONS NETWORK, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/20/2015 and assigned Florida document number 15000068290.

This amendment is submitted to amend the following:

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

(Principal office address MUST BE A STREET ADDRESS)

7687 Charleston Way
Port St. Lucie, FL 34986

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7687 Charleston Way
Port St. Lucie, FL 34986

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:

JEFFREY L. COHEN

New Registered Office Address:

909 SE 5th Avenue, Suite 200

Enter Florida street address

DELRAY BEACH, Florida 33483

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>
MGR	SOLUTIONS NETWORK HOLDINGS, LLC	7687 CHARLESTON WFM	<input checked="" type="checkbox"/> Add
		PORT ST. LUCIE, FL	<input type="checkbox"/> Remove
		34986	<input type="checkbox"/> Change
MGR	SEAN ALTERMAN	5356 NW MIMS CT.	<input type="checkbox"/> Add
		PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34986	<input type="checkbox"/> Change
MGR	JOSEPH GIZORSKY	5356 NW MIMS CT.	<input type="checkbox"/> Add
		PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34986	<input type="checkbox"/> Change
MGR	PAUL MATERIA	3451 SW CATSKILL DR	<input type="checkbox"/> Add
		PORT ST LUCIE, FL	<input checked="" type="checkbox"/> Remove
		34986	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Lined area for amending information.

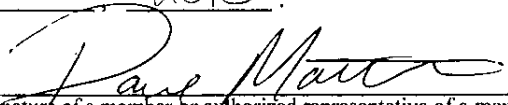
E. Effective date, if other than the date of filing: _____ (optional)

(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 p.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated July 7, 2015


Signature of a member or authorized representative of a member

Paul Materia
Typed or printed name of signee

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