## 415000012097

(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	: #)
PICK-UP	MAIT WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

	Registration : Division of C			
SUBJEC	7121	Resort of the Palm Beaches LLC	2	
SUDJEK	- N ·	Name of Lim	ited Liability Company	
The encl	osed Articles (	of Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all corres	pondence concerning this matter	to the following:	
		Debra Moser		
			Name of Person	
		<del></del>	FirmvCompany	
		12955 Palms West Dr. suit		
		,	Address	
		Loxahatchee, FL 33470		
			City/State and Zip Code	
		dmoser@recoveryresortfl.ne		<del></del>
For furth	er information	E-mail address: ( a concerning this matter, please co	to be used for future annual report rall:	iotification)
Debra M			844 787-3566 at ()	
	Name	e of Person	Area Code Day	time Telephone Number
Enclosed	I is a check for	the following amount:		
<b>= \$</b> 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:

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**

Recovery Resort of the Palm Beaches, 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 Comparation document number <a href="https://example.com/limited-liability-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparation-red-radio-state-comparatio-&lt;/th&gt;&lt;th&gt;ability company here:&lt;/th&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;This amendment is submitted to amend the following:&lt;/td&gt;&lt;td&gt;20 [&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;A. If amending name, &lt;u&gt;enter the new name of the limited li&lt;/u&gt;&lt;/td&gt;&lt;td&gt;ability company here:&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;n/a&lt;/td&gt;&lt;td&gt;(72)&lt;/td&gt;&lt;/tr&gt;&lt;tr&gt;&lt;td&gt;The new name must be distinguishable and contain the words " lia<="" limited="" td=""><td>ability Company," the designation "LLC" or the abbreviation "L.L.</td></a>	ability Company," the designation "LLC" or the abbreviation "L.L.
Enter new principal offices address, if applicable:	n/a
(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 registered agent and/or the new registered office address h	office address on our records, enter the name of the new tere:
Name of New Registered Agent: n/a	
New Registered Office Address:	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>nt:</u>

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>	Type of Action
mbr/mgr	Konstandinos Patzanakidis	148 Pennock Landing Cr	
		Jupiter, FL 33458	Remove
			■ Change
mgr	Debra Moser	15854 Bent Creek Rd	
		Wellington, FL 33414	□ Remove
			■ Change
			Remove
			OF CHARGE TO COMPANY T
		<del></del>	Change
<del></del>			Add
			Remove
			Change
			☐ Remove
			☐ Change

Effective date, if other than the date of filing:  [an effective date is listed, the date must be specific and comnot be prior to date of filing or more than 90 days after filing.) Personant to 605 0207 (3 kb lodge). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.  The spoth day after the record is filed.  Signature of a member or authorized representative of a member  Debra Moser		<del>_</del>	
Effective date, if other than the date of filing:  (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 (3xb store). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the locument's effective date on the Department of State's records.  The poth day after the record is filed.  Signature of a member or authorized representative of a member.			
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Page 3 of 3

Filing Fee: \$25.00