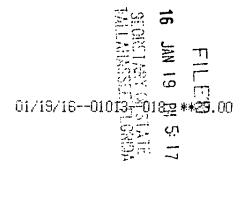
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JAN 2 0 2016 S. YOUNG

COVER LETTER

	gistration Sed ision of Corp				
SUBJECT:	HER HOU	JSE RECOVERY, LLC			
SCOSECT.		Name of Lim	ited Liability Company		
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return	all correspon	ndence concerning this matter	to the following:		
		JEFFREY BLUMBERG			
			Name of Person		- i,,,,
		HER HOUSE RECOVER	Y, LLC		产资
			Firm/Company		
		5300 HANCOCK ROAD			1987
			Address		子 517
		SOUTHWEST RANCHES	S, FL 33330		製造品は
			City/State and Zip Code		_ >> 60
		INFO@SFCPA.NET E-mail address: (to be used for future annual re	port notification)	
For further in	nformation co	oncerning this matter, please ca			
	LUMBERG		954 732-	9946	
	Name of	Person	at () Area Code	Daytime Telephone Number	er
Enclosed is a	check for the	e following amount:			
■ \$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certifie	ate of Status &
	Registra Divisior P.O. Bo	NG ADDRESS: tion Section n of Corporations x 6327 ssee, FL 32314	Registration Division of Clifton Bui	f Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HER HOUSE RECOVERY, LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears on our rec Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability Co	empany were filed on12-21-15	and assigned
Florida document numberL15000211378		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
HER PLACE RECOVERY, LLC		
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "I	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		₹% 6
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
		9 E
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		(B) (A)
		₩ m &
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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 = M $AMBR = A$	anager uthorized Member		
Title	Name	Address	Type of Action
			Add
			□ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
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			SE SE Add
			☐ Remove
			Change
			Add
			□ Remove
			□ Change
			☐ Remove
			

D. If amending any other information, enter change(s) here: (Attach a	dditional sheets, if necessary.)	
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		-
Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing Note: If the date inserted in this block does not meet the applicable statutory document's effective date on the Department of State's records.	(optional) g or more than 90 days after filing.) Pursuant to 60: filing requirements, this date will not be list	5.0207 (3 ted as th
f the record specifies a delayed effective date, but not an effect b) The 90th day after the record is filed.	ive time, at 12:01 a.m. on the earli	er of:
Dated 1-12-16 .		
Signature of a member or authorized represen	ntative of a member	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00