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COVER LETTER

FO: Registration Division of C	i Section Corporations	<u>.</u>	
subject: Rec	overy Empire, LLC		
	Name of Limi	ted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub-	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Christopher Gar		
		Name of Person	
		Firm/Company	
	20730 NE 23 rd	Avenue Address	
	Miami, FL 33180)	
		City/State and Zip Code	
	cjgarnto11@gmail	.COM to be used for future annual report notific	cation)
For further informatio	on concerning this matter, please er		
Christopher (Garnto	at (201) 452-77	776 第三后
Nan	ne of Person	Area Code Daytime	776 Telephone Number
Enclosed is a check for	or the following amount:		<u> </u>
\$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)
	AILING ADDRESS: gistration Section	STREET/COURIE Registration Section	

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Recovery Empire, LLC				
(Name of the Limited	l Liability Compai V Florida Limited L	ny as it now appears on our records.) Dability Company)		
The Articles of Organization for this Limited Lia Florida document number <u>L1600002964</u>	bility Company	were filed on _2 11 2010	and assigned	
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited lia <u>bi</u>	ility company here:		
The new name must be distinguishable and contain the wor	rds "Limited Liabili	ity 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)		20730 NE 23rd Avenue		
		Miami, FL 33180		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	OX)	20730 NE 23rd Avenue	e	
		Miami, FL 33180		
B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered of ce address here	fice address on our records, <u>ente</u> <u>e</u> :	r the name of the new	
Name of New Registered Agent:	Christop	her Garnto	<u> </u>	
New Registered Office Address:	20730 NI	E 23rd Avenue Enter Florida street address	20	
	Miami	, Florida _	33180	
		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.

f Changing Registered Agent. Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR ∈ \ Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Christopher Garnto	20730 NE 23rd Avenue	⊠ Add
		Miami, FL 33180	Remove
			Change
_AMBR	Kori Garnto	20730 NE 23rd Avenue	
		Miami, FL 33180	⊠ Remove
			Change
			Remove
			Add
			Remove
			Change
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ote: If the date inserte	er than the date of file, the date must be specific a ged in this block does not the on the Department of	t meet the applicab	aute of time of more of	optional han 90 days after filing quirements, this date	g.) Pursuant to 605.020
	a delayed effective er the record is file		an effective time	e, at 12:01 a.m.	on the earlier
uted June 13		2017			ه سه ۱
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<i></i>	/			_	
L				•	三 三 丁
- C	Signature of	a member or authori	zed representative of a	member	

Page 3 of 3

Filing Fee: \$25.00