

LIL 0000 40736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

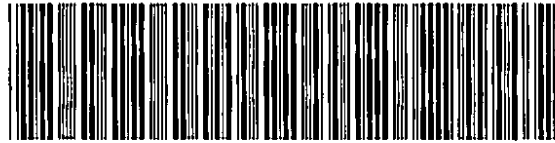
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DIVISION OF CORPORATE AFFAIRS

17 OCT 26 AM 10:17

FILED

OCT 27 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Resilience Recovery Resources LLC

Name of Limited Liability Company

**DOCUMENT NUMBER:** L16000040736

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Blake Martinez

Name of Person

Resilience Recovery Resources LLC

Name of Firm/Company

105 Waterview Drive

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

chrismartinez003@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Blake Martinez

at ( 424 ) 254-4304

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

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

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Resilience Recovery Resources 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:

Christopher Blake Martinez

Name of Person

Resilience Recovery Resources LLC

Firm/Company

105 Waterview Driv

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

chrismartinez003@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Blake Martinez

424

254-4304

at ( )

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

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

Resilience Recovery Resources 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 2/22/2016 and assigned  
Florida document number L16000040736.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Christopher Blake Martinez

New Registered Office Address:

Enter Florida street address

City, Florida Zip Code

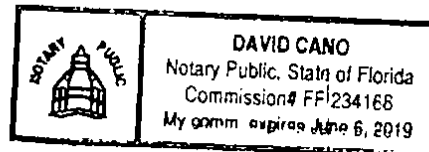
**New Registered Agent's Signature, if changing Registered Agent:**

*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.*

*Christopher Blake Martinez*  
If Changing Registered Agent, Signature of New Registered Agent

State of Florida  
County of Alamogordo  
The foregoing instrument was acknowledged, before  
me this 30 day of August, 2017  
Notary David Cano  
Name of Notary (printed or stamped)  
Personally Known X or Produced Identification  
Type of Identification Produced Florida Driver License

Page 1 of 3



*David Cano*

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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>
AMBR	Guy Blades Williamson	2356 Live Oak Meadows Road	<input type="checkbox"/> Add
		Malibu, CA 90625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Guy Blades Williamson	2356 Live Oak Meadows Road	<input type="checkbox"/> Add
		Malibu, CA 90625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher Blake Martinez	105 Waterview Drive	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Blake Martinez	105 Waterview Drive	<input checked="" type="checkbox"/> Add
		Palm Beach Gardens, FL 33418	<input type="checkbox"/> Remove
			<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.)**

77 OCT 26 AM 10: 17

**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 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated July 15<sup>th</sup>, 2017

Guy Blades Wilson  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Guy Blades Williamson

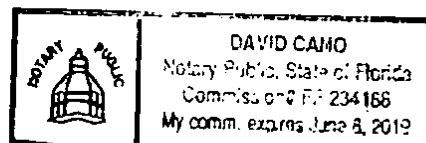
Typed or printed name of signee

Guy Blados W

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**Filing Fee: \$25.00**

State of Florida  
County of Pinellas  
The foregoing instrument was acknowledged, before  
me this 31 day of August, 2017  
Notary David C. [Signature]  
Name of Notary (printed or stamped)  
Personally Known \_\_\_\_\_ or Produced Identification [Signature]  
Type of Identification Produced Florida Driver License



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