

116 000040736

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

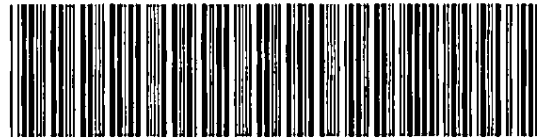
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AUG 03 2021



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 6, 2021

STEPHANIE MARTINEZ
321 NORTHLAKE BLVD STE 105
N PALM BEACH, FL 33408

SUBJECT: RESILIENCE RECOVERY RESOURCES LLC.
Ref. Number: L16000040736

We have received your document for RESILIENCE RECOVERY RESOURCES LLC., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White
Regulatory Specialist II Supervisor

Letter Number: 121A00015363

2021 JUL 19 PM 2:26
DIVISION OF CORPORATIONS

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:

STEPHANIE MARTINEZ
Name of Person

RESILIENCE RECOVERY RESOURCES
Firm/Company

321 NORTHLAKE BLVD. STE 105
Address

NORTH PALM BEACH, FL 33408
City/State and Zip Code

STEPHANIE @ RESILIENCE RECOVERY . COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

STEPHANIE MARTINEZ at (561) 508 - 1878
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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**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 FEB 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:

STEPHANIE MARTINEZ

New Registered Office Address:

321 NORTHLAKE BLVD. STE 103-106

Enter Florida street address

NORTH PALM BEACH

City

Florida 33408

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/AMBR	CHRISTOPHER MARTINEZ	9304 FIRENZE DR. UNIT 206 PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR/AMBR	STEPHANIE MARTINEZ	401 SOUTHWIND DR. APT 6 NORTH PALM BEACH, FL 33408	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

STEPHANIE MARTINEZ TITLE CHANGE TO MGR/AMGR
(AS LISTED IN THIS FORM, PLUS ADDRESS CHANGE
ALSO NOTED)

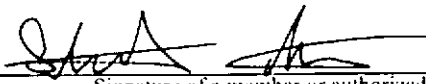
E. Effective date, if other than the date of filing: DATE OF FILING (optional)

(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 13, 2021.



Signature of a member or authorized representative of a member

STEPHANIE MARTINEZ

Typed or printed name of signee