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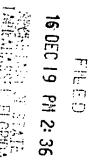
| (Re | questor's Name) | |
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| (Cit | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to | Filing Officer: | |
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T WASHINGTON
DEC 2 0 2016

COVER LETTER

| SUBJECT: | ew Standi | ne Recovery | |
|-----------------------------|--|---|--|
| | Namelof Limi | ited Diability Company | |
| The enclosed Articles of | Amendment and fee(s) are subr | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | to the following: | |
| | Ric ando | Drum m md Name of Person | <u>L</u> |
| | <u>New</u> | Standing R | ecnery |
| | 443 Sw | 7th ct Boxnton B | beach, F1 33435 |
| | Bounton Bo | City/State/and Zip Code | (35 |
| | Ronc H | o be used for future annual report notif | cen- |
| For further information c | oncerning this matter, please ca | 11 : | |
| JUNIOR Name o | Pre'valus Person | at (<u>561</u>) <u>758-</u> Area Code Daytime | 4614 Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| □ \$25.00 Filing Fee | 17330.00 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

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

| New St Name of the Limits | ed Liability Compan (A Florida Limited I) | y as it now app iability Compan | ears on our recor | <u>ds.</u>) | - |
|---|--|------------------------------------|---------------------|--|------------------|
| The Articles of Organization for this Limited Lie Florida document number | | were filed on | 3/221 | 2016 and | assigned |
| This amendment is submitted to amend the follo | owing: | | | | |
| A. If amending name, enter the new name of | the limited liabi | lity company | <u>here</u> : | | |
| The new name must be distinguishable and contain the we | | ty Company," th | e designation "LL | C" or the abbreviation | "L.L.C." |
| Enter new principal offices address, if applica | | | | | |
| (Principal office address MUST BE A STREE | T ADDRESS) | <u></u> | | The second secon | - ड ा |
| | | | | | 61 3 <u>3</u> |
| Enter new mailing address, if applicable: | nov. | | | | 72 17 |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | <u> </u> | -5 |
| | | <u></u> | | - 5 | ထ |
| B. If amending the registered agent and/or the new registered of | | | on our record | ds, <u>enter the nar</u> | ne of the new |
| Name of New Registered Agent: | Rica | Rdo | DRU | mmond | |
| New Registered Office Address: | | | DY 3 11. | | |
| | | Enter . | Florida street addr | ess | |
| | | City | , F | lorida Zip Co | |
| | | Cny | | 2.p Ct | • |

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 Mem | ber | | | |
|--------------------|-------------------------|------------|---|-----------|--|
| <u>Title</u> | <u>Name</u> | | Address | | Type of Action |
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| | ive date, if other than the date of filing: 12/15/16 fective date is listed, the date must be specific and cannot be pilor to date of filing or more than | (optional) 90 days after filing.) Pursi | uant to 605 | 5.0207 (| 3)(1 |
| <u>Note</u> | If the date inserted in this block does not meet the applicable statutory filing requirent's effective date on the Department of State's records. | | | | |
| | | | | | |
| | cord specifies a delayed effective date, but not an effective time, a 90th day after the record is filed. | t 12:01 a.m. on ti | ne earli | er of: | |
| Dated | 1306 Tember 15, 2016 | | | | |
| Dutet | | | | | |

Page 3 of 3

Filing Fee: \$25.00