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COVER LETTER

	Registratibn Sed Division of Corp			
SUBJEC		RT RECOVERY LLC		
COBILC		Name of Limi	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		JOHN COONEY		
			Name of Person	***
		PURE START RECOVER	Y LLC	
			Firm/Company	
		1041 QUANTUM LAKES	DRIVE	
			Address	
		BOYNTON BEACH, FL 3	3426	
			City/State and Zip Code	
		JMCOONEY0527@GMAII		
		E-mail address: (t	to be used for future annual report notific	cation)
For furthe	er information co	oncerning this matter, please ca	ill:	
JOHN CO	OONEY		201 957-2074 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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 & Certificd 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

PURE START RECOVERY LLC		
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our records.) rida Limited Liability Company)	
The Articles of Organization for this Limited Liability	y Company were filed on MARCH 21, 2016	and assigned
Florida document number L16000056635		·
This amendment is submitted to amend the following	:	
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LLC" or the	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		÷. ====================================
Mailing address MAY BE A POST OFFICE BOX)		
		7
3. If amending the registered agent and/or re	gistered office address on our records, ent	er the name of the ne
egistered agent and/or the new registered office a	ddress here:	2: 24
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
<u></u>	, 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 = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOHN COONEY	1041 QUANTUM LAKES DRIVE	∃ Add
		BOYNTON BEACH, FL 33426	□ Remove
			☐ Change
MGR	NIKITA HERMESMAN	1410 VIA DE PEPI	
		BOYNTON BEACH, FL 33426	□ Remove
		<u> </u>	□ Change
			Add
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