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S. YOUNG

**LARRY D. HARVEY**

PROFESSIONAL CORPORATION

5290 DTC PARKWAY, SUITE 150 : ENGLEWOOD, COLORADO 80111

PHONE: (303) 220-7810 : FACSIMILE: (303) 850-7115

WWW.LARRYHARVEYLAW.COM

LARRY D. HARVEY  
LHARVEY@LDHPC.COM

JULIA R. PRENDERGAST  
JPRENDERGAST@LDHPC.COM

June 3, 2016

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

Re: Articles of Amendment – Flat Calm Recovery, LLC; L16000082535

Dear Division of Corporations:

I have enclosed a Cover Letter and Articles of Amendment to Articles of Organization for Flat Calm Recovery, LLC. I have also enclosed a check in the amount of \$25.00 for the filing fee. Please contact me with any questions.

Sincerely yours,

LARRY D. HARVEY, P.C.



Julia R. Prendergast

JRP/ne

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TALLAHASSEE, FL 32314  
15 JUN -6 11:09

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Flat Calm Recovery, 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:

Larry D. Harvey

\_\_\_\_\_  
Name of Person

LARRY D. HARVEY, P.C.

\_\_\_\_\_  
Firm/Company

5290 DTC Parkway, Suite 150

\_\_\_\_\_  
Address

Englewood, CO 80111

\_\_\_\_\_  
City/State and Zip Code

lharvey@ldhpc.com

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

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TALLAHASSEE, FLORIDA  
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For further information concerning this matter, please call:

Larry D. Harvey

303 220-7810  
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**

FLAT CALM RECOVERY, 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 April 27, 2016 and assigned  
Florida document number L16000082535.

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)**

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**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:

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.*

**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          | Mel S. King                    | 720 D Commerce Center Drive | <input type="checkbox"/> Add               |
|              |                                | Sebastian, FL 32958         | <input checked="" type="checkbox"/> Remove |
|              |                                |                             | <input type="checkbox"/> Change            |
| MGR          | Faye H. Asano                  | 720 D Commerce Center Drive | <input type="checkbox"/> Add               |
|              |                                | Sebastian, FL 32958         | <input checked="" type="checkbox"/> Remove |
|              |                                |                             | <input type="checkbox"/> Change            |
| MGR          | Treasure Trove Management, LLC | 720 D Commerce Center Drive | <input checked="" type="checkbox"/> Add    |
|              |                                | Sebastian, FL 32958         | <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            |
|              |                                |                             | <input type="checkbox"/> Add               |
|              |                                |                             | <input type="checkbox"/> Remove            |
|              |                                |                             | <input type="checkbox"/> Change            |

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Dated June 1 2016

Signature of a member or authorized representative of a member

**Mel S. King, Manager**

Typed or printed name of signee