

L16000 102739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

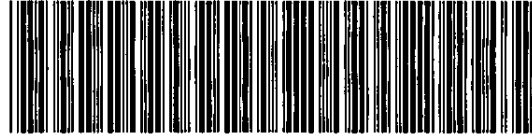
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100287087321

06/20/16--01036--015 **25.00

FILED

2016 JUN 20 P 1:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 21 2016
J. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACCESS 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:

CARLY MIRANDA

Name of Person

Firm/Company

31 SE OCEAN BLVD.

Address

STUART, FL 34994

City/State and Zip Code

CARLY@PROGRAMWP.COM

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

For further information concerning this matter, please call:

CYNTHIA F WILSON

at 561 586-7110

Name of Person

Area Code

Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 JUN 20 P 1:39

FILED

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**

ACCESS 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 05/25/2016 and assigned
Florida document number L16000102739.

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)

31 SE OCEAN BLVD.

STUART, FL 34994

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

31 SE OCEAN BLVD.

STUART, FL 34994

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:

CARLY MIRANDA

New Registered Office Address:

31 SE OCEAN BLVD.

Enter Florida street address

STUART

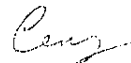
City

Florida 34994

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	CARLY MIRANDA	31 SE OCEAN BLVD.	<input checked="" type="checkbox"/> Add
		STUART, FL 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	CARLY RIZZO CASCIO	385 GLENBROOK DRIVE	<input type="checkbox"/> Add
		ATLANTIS, FL 33462	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALAN DIAMOND	31 SE OCEAN BLVD	<input checked="" type="checkbox"/> Add
		STUART, FL 34994	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ROBERT SENESE	31 SE OCEAN BLVD	<input checked="" type="checkbox"/> Add
		STUART FL 34994	<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

FILED
 2018 JUN 20 P 1:38
 SECRETARY OF STATE
 TALAHASSEE, FLORIDA

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

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 June 17, 2016

Signature of a member or authorized representative of a member

CARLY MIRANDA

Typed or printed name of signee