

L16 000 146 994

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

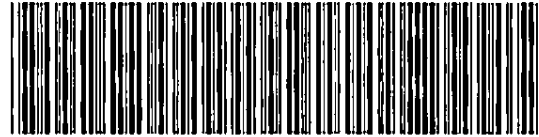
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECURITY STATE
TALLAHASSEE, FLORIDA

NOV 08 2018

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SQUARE ONE 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:

DUSTIN ANDERSON

Name of Person

Firm/Company

1845 SW 86 AVE

Address

MIAMI, FL 33155

City/State and Zip Code

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

For further information concerning this matter, please call:

DUSTIN

786 232-1808
at () _____
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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

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18 OCT 22 PM 6:50
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SQUARE ONE 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 08/5/16 and assigned
Florida document number L16000146994.

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:

New Registered Office Address:

Enter Florida street address

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> | <u>Type of Action</u> |
|--------------|---------------------------|--------------------|--|
| MP | DEBRA L. WERMAN LLC | 1563 EASTBROOK DR. | <input type="checkbox"/> Add |
| | | SARASOTA, FL 34231 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MP | DDA SQUAREONE HOLDING LLC | 1845 SW 86 AVE | <input type="checkbox"/> Add |
| | | MIAMI, FL 33155 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

* See Attached

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CLERK OF THE CIRCUIT COURT
TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

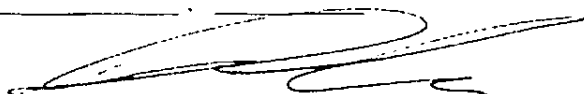
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 OCTOBER 17 2018



Signature of a member or authorized representative of a member

DUSTIN ANDERSON

Typed or printed name of signee

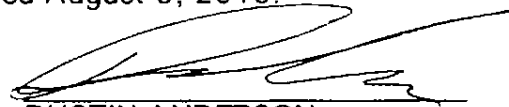
ASSIGNMENT OF MEMBERSHIP INTEREST

The undersigned hereby unconditionally assigns to:

THOMAS SMITH
2101 BELLCREST CT.
ROYAL PALM BEACH,
FLORIDA 23411;

all of his membership right and interest in and to SQUARE ONE RECOVERY, L.L.C., a Florida limited liability company, organized under the laws of the State of Florida, which he acquired by virtue of being an initial and original Subscribing Member to the Articles of Organization of SQUARE ONE RECOVERY, L.L.C., dated, August 5, 2016; and, Limited Liability Agreement, dated August 5, 2016.

Dated: October 18, 2018



DUSTIN ANDERSON

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CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

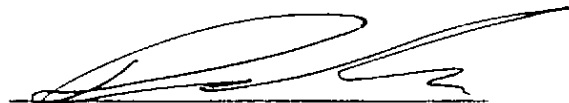
RESIGNATION

SQUARE ONE RECOVERY, LLC
11576 Pierson Rd.
Wellington, Florida 33498
Attention Thomas Smith:

Dear Mr. Smith:

The undersigned hereby tenders his resignation as a Member of SQUARE ONE RECOVERY, LLC, a Florida limited liability company, to take effect immediately.

Executed: October 18, 2018



DUSTIN ANDERSON

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

ASSIGNMENT OF MEMBERSHIP INTEREST

The undersigned hereby unconditionally assigns to:

THOMAS SMITH
2101 BELLCREST CT.
ROYAL PALM BEACH,
FLORIDA 23411;

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DEBRA L. WERMAN

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TALLAHASSEE, FLORIDA

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11576 Pierson Rd.
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DEBRA L. WERMAN

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SECOND JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA