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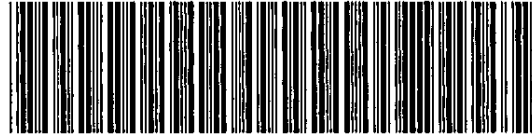
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2017 MAR 22 P 4: 22
SECRETARY OF STATE
ALABAMA, FLORIDA

S Warren

MAR 23 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ocean Spirit 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:

John Kevin Sparks

Name of Person

Ocean Spirit Recovery, LLC

Firm/Company

2701 E. Atlantic Blvd., Ste. 203

Address

Pompano Beach, FL 33062

City/State and Zip Code

jkevin@oceanspiritrecovery.com

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

For further information concerning this matter, please call:

John Kevin Sparks

631 943-6939
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

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Dated March 14, 2017.

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TALLAHASSEE, FLORIDA

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