LIMOU2228535

(Requ	uestor's Name)			
(Addı	ress)			
(Addı	ress)			
(City/	State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Busi	ness Entity Nai	me)		
(Document Number)				
Certified Copies	Certificate	s of Status		
Special Instructions to Fi	ling Officer:			





800293868878

01/26/17--01009--020 **30.00

17 JAN 25 PM 2: 58

JAN 27 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Pro Recovery
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:
David Wilcox Name of Person
Pro Recovery LLC Firm/Company
1630 Yates Drive
Merritt Island, FL 32952
City/State and Zip Code Wilcox 4774@brighthouse.com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
$\frac{\text{David Wilco}}{\text{Name of Person}} \text{at} \frac{321}{\text{Area Code}} \frac{403 - 9807}{\text{Daytime Telephone Number}}$
Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$25.00 Filing Fee & 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

Pro R	ecovery LLC
	Liability Company as it now appears on our records.) Florida Limited Liability Company)
The Articles of Organization for this Limited Liab	pility Company were filed on <u>December 19</u> , 2016 853
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	he limited liability company here:
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicat	ole:
(Principal office address MUST BE A STREET	ADDRESS)
	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE B	<u>ox</u>
B. If amending the registered agent and/or	r registered office address on our records, enter the name of the new
registered agent and/or the new registered offic	
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

	Authorized Person(s) authorized to mana om our records:	age, enter the title, name, and address of each person being added
MGR = Mar AMBR = Aut	nager horized Member	
<u>Title</u>	Name	Address Type of Action
<u>m G</u> R	Jill Wilcox	Merritt Island, FL 32952 Remove
		Merritt Island, FL Remove
MGR	David Wilcox	1630 Yates Divers Add
		Merrit Island, Fl 32952 Remove
		Change
		
		Remove
		- Add
		©n ☐ Remove
		Change
		Add
		Remove
		Add
		□ Remove
		☐ Change

¥.,	
	7
	A
(6) 41 (7) 41	26
	PM
94	ÇÞ
20	OD)
	See C. P. Company

Page 3 of 3

Filing Fee: \$25.00