

L17000000 3683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

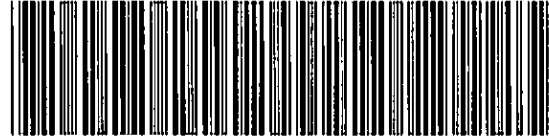
(Business Entity Name)

(Document Number)

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17 OCT 13 AM 7:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 16 2017

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Luce Recovery Services, 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:

Robert C Russell

Name of Person

Luce Recovery Services, LLC

Firm/Company

3430 Kori Rd. Ste 5

Address

Jacksonville, FL 32257-4407

City/State and Zip Code

rcr0425@gmail.com

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

For further information concerning this matter, please call:

Robert C Russell

904

472-5979

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**

Luce Recovery Services, 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 01/05/2017 and assigned
Florida document number L17000003683.

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)

3430 Kori Rd

Suite 5

Jacksonville, FL 32257-4407

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3430 Kori Rd

Suite 5

Jacksonville, FL 32257-4407

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:

Luce, Shannon R

New Registered Office Address:

627 Hampton Downs Ct

Enter Florida street address

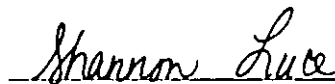
Saint Johns

Florida

City

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	Luce, Shannon R	627 Hampton Downs Ct	<input checked="" type="checkbox"/> Add
		Saint Johns, FL 32259	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Luce, David A	6700 Bowden Rd	<input type="checkbox"/> Add
		Unit 1003	<input checked="" type="checkbox"/> Remove
		Jacksonville, FL 32216	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

17 OCT 13 AM 7:14
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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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 OCT 9, 2017

James C. Russell
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Robert C Russell, MGR

ROBERT C RUSSELL
Typed or printed name of signee

Typed or printed name of signee