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N COODEE JUL 11 2018

COVER LETTER

	egistration Sec ivision of Corp			
01:10.41072		ecovery LLC		
SUBJECT	•	Name of Limi	ted Liability Company	
The enclos	ed Articles of z	Amendment and fee(s) are sub-	nitted for filing.	
Please retu	rn all correspoi	ndence concerning this matter (to the following:	
		Fred Moldt		
			Name of Person	g: Person Impany I Zip Code ture annual report notification) 1 859-3185 I Code Daytime Telephone Number Filing Fee & S60.00 Filing Fee. Certificate of Status & Certifi
		Roseto Effect LLC		
			Firm/Company	
		475 sw 27th ave		
			Address	
		Delray Beach, FL, 33445	5	
			City/State and Zip Code	Daytime Telephone Number S60.00 Filing Fee. Certificate of Status
		freddy.moldt@paxcampus E-mail address: (t	s.com o be used for future annual report notific	ration)
For further	r information ec	oncerning this matter, please co	ill:	
fred mold	lt			
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed i	s a check for th	e following amount:		
\$25.00) Filing Fee	□ \$30.00 Filing hee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

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

Campus Recovery LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 02/13/2017	and assigned
florida document number L17000034853		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
he new name must be distinguishable and contain the words "Lim	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		8 √SE
Principal office address MUST BE A STREET ADDS	PESS)	
THE PAR OFFICE MAINESS MIGST THE ASTREET APPEAR	11	1 章章 9 章章
		4 9
Inter new mailing address, if applicable:		√ =
Mailing address MAY BE A POST OFFICE BOX)		ω
3. If amending the registered agent and/or regis egistered agent and/or the new registered office add		nter the name of the i
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	ä
	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

Title	<u>Name</u>	Address	Type of Action
MGR	Apollo 10 LLC	475 SW 27th ave	
		Delray Beach, FL 33445	
		19 S Dixie Hwy	Change
MGR	Roseto Effect LLC	Lake Worth, FL 33460	■ Add
			P. Remove
			Change
<u> </u>			Add
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