

L17000034853

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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☐

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(Business Entity Name)

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2018 SEP 10 PM 2:55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

D. BRUCE
SEP 12 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Campus 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:

Fred Moldt

Name of Person

Campus Recovery LLC

Firm/Company

19 S Dixie Hwy

Address

Lake Worth, FL 33460

City/State and Zip Code

freddy.moldt@paxcampus.com

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

For further information concerning this matter, please call:

Fred Moldt

561

859-3185

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosure

☒ \$25.

TO:

REGISTRATION SECTION

DIVISION OF CORPORATIONS

P.O. BOX 6327

TALLAHASSEE, FL
32314

561 859 3185

☐ \$5.00 Filing Fee &
certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED
TALLAHASSEE, FL
2010 SEP 10 PM 2:55

2010 SEP 10 PM 2:55

FILED

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

Campus 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 2/13/2018 and assigned
Florida document number L17000034853

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

City

Florida

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>
MGR	Roseto Effect LLC	19 S Dixie Hwy. Lake Worth, FL 33460	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Frank Galimidi	19 S Dixie Hwy. Lake Worth, FL 33460	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Fred Moldt	475 SW 27th Ave, Delray Beach, FL 33445	<input checked="" 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

2018 SEP 19 PM 2:38
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TALLAHASSEE
FLORIDA
CLERK OF CIRCUIT COURT

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

77

2016 SEP 10 PM 2:56

9/5/2018

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.

(b) The 90th day after the record is filed.

Dated September 15 2018



Fred Moldt

Typed or printed name of signee