## 117000034853

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## **COVER LETTER**

TO:	Registration Se Division of Cor		•	·		
· er:n ti		ecovery LLC	•			
SUBJI	r.C.1:	Name of Lim	ited Liability Company		_	
		Amendment and fee(s) are sub				
Please	return all correspo	ondence concerning this matter	to the following:			
		Frank Galimidi				
		Campus Recovery LLC	Name of Person		_	
			Firm/Company	<del></del>	<del></del>	
		19 S Dixie Hwy				77
		Lake Worth, FL 33460	Address		001 26 F	
		frank.galimidi@paxcampl	Cuty/State and Zip Code us.com			J
For fu	rther information c	E-mail address: (	to be used for future annual r	eport notification)	- <u>-</u> 0	
	Galimidi	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	561 249	9-6677		
	Name o	f Person	at () Area Code	Daytime Telephone Nun	aber	
Enclos	sed is a check for the	he following amount:				
<b>■</b> \$2	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is encl	Certif osed) Certif	Filing Fee, ficate of Status & fied Copy onal copy is enclosed)	
	Registr Divisio	ING ADDRESS: ration Section on of Corporations ox 6327	Registrati	/COURIER ADDRESS on Section of Corporations uilding	<b>S</b> :	

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Campus Recovery LLC		
( <u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company  Torida document number L17000034853	were filed on 02/13/2017	and assigned
This amendment is submitted to amend the following:		
x. If amending name, <u>enter the new name of the limited lial</u>	pility company here:	
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		** <u>~ 3</u> .
		15.3 
nter new mailing address, if applicable:		2
Mailing address MAY BE A POST OFFICE BOX)		- T
duning data ess star by a rost of rice boat		<u> </u>
<ol> <li>If amending the registered agent and/or registered o</li> </ol>	office address on our reco	
egistered agent and/or the new registered office address her		reas, ence the name of the in
Name of New Registered Agent:		
New Registered Office Address:		
<del>- 1</del>	Enter Florida street ad	dress
		, 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. Thereby 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>	Address	Type of Action
MGR	Fred Moldt	475 SW 27th Ave	
		Delray Beach, FL 33445	
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sation data if other these	s tha data of till			<i>(</i>			
ective date, if other that effective date is listed, the da	te must be specific a	nd cannot be prior	to date of filing or	more than 90 days a	ptionar) fter filing.) Pu	rsuant to 61	05.02
(e) If the date inserted in the timent's effective date on the contract of	nis block does not	meet the applica	ible statutory fili	ng requirements,	this date will	not be lis	sted
difference date off	ne rzepartnene or	otale s recolus.					
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record specifies a del he 90th day after the	record is filed	date, but no 1.	. an enecuve	une, at 12:0	ı d.III. QN	me eari	ier
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Sept 1		2018					
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00