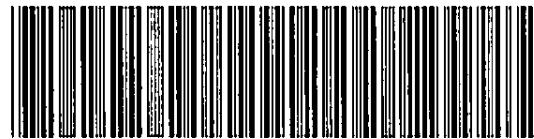


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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Life Recovery and Rehabilitation 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:

Daniel Pacheco
Name of Person

Florida Life Recovery and Rehabilitation LLC
Firm/Company

1840 W 49 ST SUITE 605
Address

Hialeah, FL 33012
City/State and Zip Code

a_xenes@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Pacheco at (786) 970 1914
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

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	Arroya C. Ferrell	2021 NW 43 Terrace Apt. 233	<input type="checkbox"/> Add
		Lauderhill, Fl. 33313	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
CEO	Daniel Pacheco	1840 W 49 ST SUITE 605	<input checked="" type="checkbox"/> Add
		Hialeah Fl. 33012	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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E. Effective date, if other than the date of filing: August 11, 2017 (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 8 / 11 . 2017 .

Signature of a member or authorized representative of a member

Daniel Pacheco

Typed or printed name of signer