

L17000108701

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

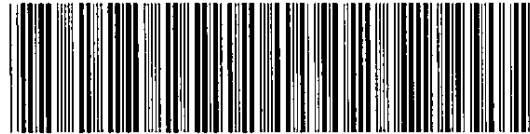
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

K. SALY

JUN 23 2017

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Recovery Group, 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:

Spencer Morhaim

Name of Person

Firm/Company

9741 NW 7th Circle, #536

Address

Plantation, Florida 33324

City/State and Zip Code

bryanahamilton@gmail.com

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

For further information concerning this matter, please call:

Bryan Hamilton

305

910-8504

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

☒ \$5.00 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
Chilton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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CLERK (ANY OF STATE
TALLAHASSEE, FLORIDA
(ords.)

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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	Jordan Smith	8221 Glades Road	<input checked="" type="checkbox"/> Add
		Boca Raton, Florida 33434	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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DEPARTMENT OF
TRANSPORTATION

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

Please ensure that the address for Spencer Morhaim (Existing Manager) is listed as:

9741 NW 7th Circle, # 536

Plantation, Florida 33324

FILED
2017 JUN 22 PM 4:49
CLERK OF SUPREME COURT
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

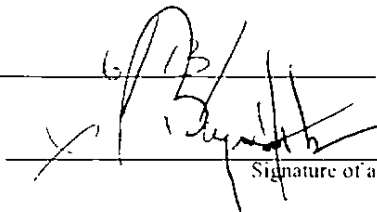
E. Effective date, if other than the date of filing: June 13, 2017 (optional)

(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 6/13/17



Signature of a member or authorized representative of a member

BRYAN HAMILTON

Typed or printed name of signee