

L17000110391

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

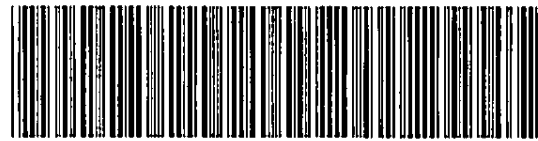
(Business Entity Name)

(Document Number)

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SEALING DEPT
TALLAHASSEE FLORIDA

J. LEGGETT
NOV 21 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Greg's Recovery Group LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

JESSICA WATKINS

Name of Person

GREG'S RECOVERY GROUP LLC

Firm/Company

2043-45 N UNIVERSITY PLACE

Address

SUNRISE, FL 3332

City/State and Zip Code

THETAXMARSHALL@AOL.COM

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

For further information concerning this matter, please call:

JESSICA WATKINS

561 213-4103
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

☐ \$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

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

GREG'S RECOVERY GROUP 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 05/18/2017 and assigned
Florida document number 1.17000110391.

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)

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CLERK OF CIRCUIT COURT
JAIL LARSEN
FLORIDA

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

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, 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	JUSTIN TARALLO	2043-45 N UNIVERSITY PLACE	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
		SUNRISE, FL 33322	<input type="checkbox"/> Change
MGR	JESSICA WATKINS	2043-45 N UNIVERSITY PLACE	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		SUNRISE, FL 33322	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SEATTLE
ITALIANA 331 FLORIDA

17 NOV 20 AM 8:11
SEATTLE
ALL AM 541 FLORIDA


FILED

(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)

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 NOVEMBER 13 2017


Signature of a member of a

Signature of a member or authorized representative of a member

JAMES MAGNER

Typed or printed name of signee