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(Re	questor's Name)	
(Ad	dress)	
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Certified Copies	_ Certificates o	f Status
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COVER LETTER

	Registration Se Division of Cor			
eub ieo		RECTION RECOVERY LLC		
SUBJEC	.1:	Name of Limi	ted Liability Company	
The encle	osed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please ret	turn all correspo	indence concerning this matter	to the following:	
		RICHARD WASERSTEIN	!	
			Name of Person	
			Firm/Company	
		1124 KANE CONCOURS	E	
			Address	
		BAY HARBOR ISLANDS		
		WAS913@AOL.COM	City/State and Zip Code	
		E-mail address: (o be used for future annual report not	ification)
For further	er information c	oncerning this matter, please ea	all:	
RICHARD WASERSTEIN			305 861-8000 at ()	
	Name o	f Person	Area Code Daytir	ne Telephone Number
Enclosed	is a check for t	ne following amount:		
\$25.0	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)
	Registi	ING ADDRESS: ration Section on of Corporations	STREET/COUR Registration Secti Division of Corpo	

P.O. Box 6327

Tallahassee, FL 32314

Clifton Building

Tallahassee, FL 32301

2661 Executive Center Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2017 OCT 25 AM 11:59

RIGHT DIRECTION 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 07-13-2017	and assigned
Florida document number L17000150444		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity 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 or registered agent and/or the new registered office address her		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street e	address
		_, 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>	Name	Address	Type of Action
MGR	RICHARD WASERSTEIN	1124 KANE CONCOURSE	= Add
		BAY HARBOR ISLANDS, FL 331	□ Remove
			Change
			Add
		<u></u>	□ Remove C Ghange C C C C C C C C C
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inecuv Lan effec	e date, if other rtive date is listed.	than the date the date must be s	pecific and cannot	ot be prior to da	te of filing or more	than 90 days afte	r filing.) Pursua	nt to 605.0207
<u>Note:</u> II locume:	f the date inserte nt's effective da	d in this block o e on the Depart	loes not meet t ment of State's	he applicable records.	statutory filing r	equirements, th	is date will no	t be fisted as
		·						
e reco	ord specifies	delayed eff	ective date,	but not an	effective tim	ne, at 12:01	a.m. on the	e earlier o
The 9	90th day afte	r the record	is filed.					
C	OCTOBER 24		. 20	14				
Dated _			— <i>,</i> /,-	_ _	}			
			11 11 11	' ## []	· 1			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00