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COVER LETTER

Division of Corp		•	
SUBJECT:	Elite Recove	evy FL ited Liability Company	
	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
	ndence concerning this matter	-	
		Dwayne L. Joh Name of Person	Y1841
	13344	+ Smithwick la Firm/Company	ne
		4 Smithwick Address	
	Jack	City/State and Zip Code Covery Fl @ covt/C to be used for future annual report notif	26
	E-mail address: (to be used for future annual report notif	oki Com
For further information co	ncerning this matter, please ca	all:	
Dwayne Name of	Johnsen Person	at (904) 575 Area Code Daytime	O254 Telephone Number
Enclosed is a check for the	e following amount:		
전 \$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	:	Street Address:	

Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

しょうしょ	recoveryff, LLC 2020 SEP-2 PM 2:22
(Name of the Limit	ECOVEY IF L. C. 2020 SEP -2 PM 2: 22 Red Liability Company as it now appears on our records. (A Florida Limited Liability Company) SECRETARY OF STATE TALLAHASSEE. FL
The Articles of Organization for this Limited Li	iability Company were filed on October 16, 2017 and assigned
Florida document number <u>L 7006 21</u>	<u>3136</u> .
This amendment is submitted to amend the follo	owing;
A. If amending name, enter the new name of	f the limited liability company here:
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:
(Principal office address MUST BE A STREE	T ADDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE)	BOX)
B. If amending the registered agent and/or r	egistered office address on our records, enter the name of the new regist
	registered office address on our records, <u>enter the name of the new regist</u> ss <u>here</u> :
agent and/or the new registered office addres	
agent and/or the new registered office addres	ss here:
agent and/or the new registered office addres Name of New 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 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	Dwayne L. Johnson	13344 Smithwick lone Jacksonville, fl 32226	_ BAdd
			□Remove
			□Change
MGR	AmyCRodriguez		□Add
		Jacksonville, FL 3226	⊠Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Adđ
			□Remove
			DChange
			□Add
			□Remove

. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
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<u>Note:</u> If t	date, if other than the date of filing:
the record spectage of the cord is filed.	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	8/20/2020.
	Signature of a member or authorized representative of a member
	Duxer pe Johnson Typed of printed name of signee