117000233259

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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JUN 18 2018



COVER LETTER

TO: Registration Se Division of Cor				
	overy, LLC			
SUBJECT:	Name of Lim	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ronald Vicira			
		Name of Person	_	
	Found Recovery, LLC			
		Firm/Company		
	1280 North Congress Aver	nue STE 105 & 108		
		Address	-	
	West Palm Beach, Florida	33419		
	ron@foundrecovery.com	City/State and Zip Code	_	
	E-mail address: (to be used for future annual report notification)	(LL)	
For further information c	oncerning this matter, please c	all:		
Ron Vicira		561 228.8526 at ()	()	
Name o	f Person	Area Code Daytime Telephone Numbe	∑ ;	
Enclosed is a check for the	ne following amount:		۰ ۵	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ate of Status &	

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



June 20, 2018

RONALD VIEIRA 1280 N CONGRESS AVE STE 105 & 108 WEST PALM BEACH, FL 33419

SUBJECT: FOUND RECOVERY LLC.

Ref. Number: L17000233259

We have received your document for FOUND RECOVERY LLC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days for your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott Regulatory Specialist II

Letter Number: 618A00012826

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RECEPTIED

1018 JUL - 2 AM 11: 49

Lynsion of Control

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FOUND RECOVERY LLC. (Name of the Lim	ited Liability Company as it now app	ears on our records.)			
	(A Florida Limited Liability Compan	y)			
The Articles of Organization for this Limited Liability Company were filed on L17000233259 Florida document number					
This amendment is submitted to amend the fol	lowing:				
A. If amending name, <u>enter the new name (</u>	of the limited liability company	here:			
The new name must be distinguishable and contain the	words "Limited Liability Company," th	ne designation "LLC" or the abbre	viation "L.L.C."		
Enter new principal offices address, if appli	cable:	<u>;</u>	ارفدا		
Principal office address MUST BE A STREE	: :				
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			11		
			/ C		
Enter new mailing address, if applicable:			<u></u>		
<u>Mailing address MAY BE A POST OFFICE</u>					
B. If amending the registered agent and registered agent and/or the new registered of		on our records, enter the	e name of the		
Name of New Registered Agent:	RONALD VIEIRA				
New Registered Office Address:	1280 North Congress Avenue.	STE 105			
Non regimered of the radicos.	Enter l	Florida street address			
	West Palm Beach	, Florida ³³⁴⁰⁹	•		
	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>	Address	Type of Action
MGR	GRUSZCZYK, MARIA P	13365 SW 144 Terrace	□ Add
		Miami, Fl 33186	■ Remove
			Change
AMBR	BARRY MICHAEL.	15302 85TH Avenue N	■ Add
		West Palm Beach, Fl 33418	Remove
			Change
			□ Add
			Remove
			Ghange Add
			□ Remove
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E. Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be prior to date of filing).	(optional) ng or more than 90 days after filing.) Pursuant to	605.0207
Note: If the date inserted in this block does not meet the applicable statutor document's effective date on the Department of State's records.	y filing requirements, this date will not be l	listed as t
If the record specifies a delayed effective date, but not an effec (b) The 90th day after the record is filed.	tive time, at 12:01 a.m. on the ea	rlier of
June 13, 2018 Dated		
1/		

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Typed or printed name of signee

Filing Fee: \$25.00