4800/75783

(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to I	Filing Officer:	





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SECRETARY OF STATE DIVISION OF CORPORATION

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COVER LETTER

Div	ision of Cor	porations		
ella irct.	Endless S	ummer Recovery, L.L.C		
SUBJECT:		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		James T. Kerr		
		Endless Summer Recovery	Name of Person	
	Firm/Company 2050 Kings Circle South, Suite B			
		Address Neptune Beach, FL 32266		
		jkerr@jaxsoberlivinghouse.c	City/State and Zip Code om	
			to be used for future annual report notif	lication)
For further in	nformation c	oncerning this matter, please ca	ill:	
Rebekah C	otton		904 888-4415 at ()	
	Name o	f Person	Area Code Daytimo	2 Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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:

TO:

Registration Section

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

Endless Summer Recovery, LLC			
(Name of the Limited Liability Compa (A Florida Limited	nny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company Florida document number L18000175783	were filed on 07/23/2018 and assigned		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility 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:	2050 Kings Circle South, Ste. B		
(Principal office address MUST BE A STREET ADDRESS)	Nesture Boach El 32266		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2050 Kings Circle South, Ste. B Neptune Beach, FL 32266		
	%+T5 :		
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her			
Name of New Registered Agent:	2 97 ST		
New Registered Office Address:	Enter Florida street address		
	Florida F		
	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

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name Name	Address	Type of Action
AMBR	James T. Kerr	2050 Kings Circle S, Ste B	B Add
		Ja- Nephre Beach F/	□ Remove
		32210le	Change
AMBR	Rebekah A. Cotton	2050 Kings CideS.	
		St. B	□ Remove
		Norma Brack, FC	Change
			7_□ Add
			□ Remove
			Change
			🗆 Add
			□ Remove
			🗆 Change
			□ Add
			Remove
			Change
			□ Add
			_□ Remove
			_□ 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:

AMBR	
<u> </u>	
	<u> </u>
	
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ffective date, if other than the date of filing: an effective date is listed, the date must be specific and cannot be pri tote: If the date inserted in this block does not meet the appl ocument's effective date on the Department of State's record	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0 licable statutory filing requirements, this date will not be listed ds.
e record specifies a delayed effective date, but r The 90th day after the record is filed.	not an effective time, at 12:01 a.m. on the earlier
August 21 2018	
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Page 3 of 3

Filing Fee: \$25.00