

4800175783

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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MAIL

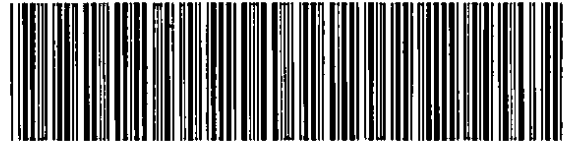
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 AUG 27 AM 10:14

N COOPER

AUG 30 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Endless Summer Recovery, L.L.C

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James T. Kerr

Name of Person

Endless Summer Recovery, LLC

Firm/Company

2050 Kings Circle South, Suite B

Address

Neptune Beach, FL 32266

City/State and Zip Code

jkerr@jaxsoberlivinghouse.com

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

For further information concerning this matter, please call:

Rebekah Cotton

904

888-4415

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

Page 1 of 3

- 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>
AMBR	James T. Kerr	2050 Kings Circle S, Ste B	<input checked="" type="checkbox"/> Add
		29- Neptune Beach, FL	<input type="checkbox"/> Remove
		32266	<input type="checkbox"/> Change
AMBR	Rebekah A. Cotton	2050 Kings Circle S,	<input type="checkbox"/> Add
		Ste. B	<input type="checkbox"/> Remove
		Neptune Beach, FL	<input checked="" type="checkbox"/> Change
		32266	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please remove the 'R' from the back of Rebekah Cotton's name. Also, change Rebekah Cotton's title to

AMBR

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18 AUG 27 AM 10:14

E. Effective date, if other than the date of filing: _____ (optional)

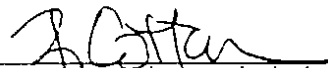
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 August 21 , 2018



Signature of a member or authorized representative of a member

Rebekah Cotton

Typed or printed name of signer