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(City/State/Zip/Phone #)

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FEB 12 2021

S. YOUNG

FILED
2021 JAN-14 PM 6:21

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alpai Omega Recovery, LLC

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:

Jason Brown

Name of Person

Reef Restoration

Firm/Company

88101 Overseas Hwy

Address

Islamorada, FL 33036

City/State and Zip Code

jason@greeffresto.com

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

For further information concerning this matter, please call:

Jason Brown

305

340-8115

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 Address:

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**

Alpha Omega Recovery, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2021 JAN -4 PM 6:21

FILED

The Articles of Organization for this Limited Liability Company were filed on August 02, 2018 and assigned

Florida document number L18000185096

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: Bill Havre

New Registered Office Address: 7901 4th St N, STE 300

Enter Florida street address

St. Petersburg, Florida 33702

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>	<u>Address</u>	<u>Type of Action</u>
Member	Marc Brown	139 Crain Road	<input type="checkbox"/> Add
		Paramus, NJ 07652	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Jason A Brown	132 Palo De Oro Dr	<input checked="" type="checkbox"/> Add
		Islamorada, FL 33036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
Member	Lisa M Brown	132 Palo De Oro Dr	<input checked="" type="checkbox"/> Add
		Islamorada, FL 33036	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

December 31, 2020

(optional)

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.

December 29

2020

[Signature]

Signature of a member or authorized representative of a member

Marc Brown

Typed or printed name of signee

Filing Fee: \$25.00

FLORIDA GENERAL BILL OF SALE of

LIMITED LIABILITY COMPANY (LLC)

1. THE PARTIES

THE SELLER

Name: Marc Brown

Address: 139 Crain Road
Paramus, NJ 07652

State: New Jersey

Drivers License: B7610-51773-0434 Exp 03/2022

THE BUYER(S)

Name: Jason A Brown

Address: 132 Palo De Oro Dr
Islamorada, FL 33036

State: Florida

Drivers License: B650-421-71-267-1 Exp 07/272026

Name: Lisa M Brown

Address: 132 Palo De Oro Dr
Islamorada, FL 33036

State: Florida

Drivers License: B650-533-70-685-0 Exp 5/25/2028

2. DETAILS

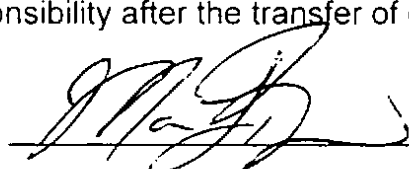
I, Marc Brown, for \$10.00 and other good and valuable consideration do hereby transfer, sell, assign and convey all of my right, title and interest in Alpha Omega Recovery, LLC DBA Reef Restoration, 88101 Overseas Hwy, Islamorada, FL 33036 to Jason A Brown and Lisa M Brown. The effective date of the sale and transfer will be on January 1st, 2021. Furthermore the official filing with the Florida Department of State, Division of Corporations, Registration Section as to the amendment of articles will be submitted prior to January 1st, 2021. Alpha Omega Recovery, LLC was filed with the State of Florida on August 2, 2018, 8am. File #L18000185096.

3. SELLER'S DISCLOSURE

SELLER DECLARES THE FOLLOWING STATEMENTS ARE TRUE AND HE/SHE:

- Has verified that the details are correct and true;
- Is the lawful owner of the Personal Property and has the legal right to sell;
- Has no knowledge of any litigation;
- Assigns all company assets;
- Assumes no responsibility after the transfer of ownership has taken place;

SELLER'S SIGNATURE: _____

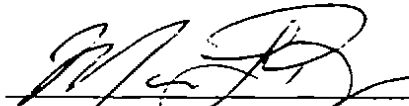


4. SIGNATURE AREA

As of this **29** day of **December, 2020** the buyer and seller agree to the above described terms and conditions for the sale of Alpha Omega Recovery, LLC DBA Reef Restoration.

THE SELLER

SIGNATURE: _____

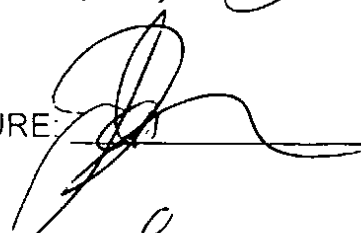


PRINTED NAME: _____

Marc Brown

BUYER 1

SIGNATURE: _____

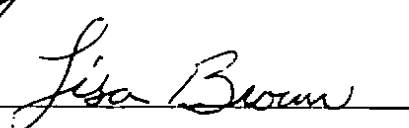


PRINTED NAME: _____

John Brown

BUYER 2

SIGNATURE: _____



PRINTED NAME: _____

Lisa Brown

WITNESS

SIGNATURE: _____



PRINTED NAME: _____

Little Chasen