

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000221909

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : REGISTERED AGENTS INC.
Account Number : I20090000081
Phone : (307)200-2803
Fax Number : (855)330-1010

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CALUSA RECOVERY SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2022 AUG 10 PM 2:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 AUG 10 AM 8:31

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

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AUG 11 2022

< Brumley

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Calusa Recovery Services LLC

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

The Articles of Organization for this Limited Liability Company were filed on 09/18/2018 and assigned
Florida document number L18000221909.

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:

Northwest Registered Agent LLC

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

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SECRETARY OF STATE
TALLAHASSEE, FL 32399

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	West Side Consulting, LLC	15611 New Hampshire Court, Ste. A	<input checked="" type="checkbox"/> Add
		Fort Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Wilbur C Smith, IV	15611 New Hampshire CT Suite A	<input type="checkbox"/> Add
		Fort Myers, FL 33908	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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.

Morgan Potter
Signature of a member or authorized representative of a member

Typed or printed name of signer

Filing Fee: \$25.00