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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 305 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:

Christopher Lopez
Name of Person

305 Recovery LLC
Firm/Company

Address

City/State and Zip Code

info@305recovery.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Lopez at (786) 516-7763
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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305 Recovery LLC

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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>
MGR	Bonanne Perdomo		<input type="checkbox"/> Add
		3005 SW 21 St Miami FL 33145	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Christopher Lopez	3005 SW 21 St Miami FL 33145	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

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.

Dated August 26, 2019


Signature of a member

Signature of a member or authorized representative of a member

Christopher Lopez
Typed or printed name of

Typed or printed name of signee