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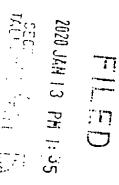
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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Y SULKER

JAN 1 5 2020





December 17, 2019

RECOVERY LIFE HOMES LLC 2960 WENTWORTH WESTON, FL 33332

SUBJECT: RECOVERY LIFE HOMES LLC

Ref. Number: L19000190246

We have received your document for RECOVERY LIFE HOMES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P19000088925.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 419A00025671

COVER LETTER

| | | stration Secti sion of Corpo | | | | |
|------------------|--------|---------------------------------|--|--|--------------------|--|
| erro re <i>c</i> | | Recovery Life | Homes, LLC | | | |
| SUBJEC | .1; | | Name of Limi | ted Liability Company | | |
| | | | | | | |
| The encl | osed | Articles of Ar | nendment and fee(s) are subr | mitted for filing. | | |
| Please re | turn | all correspond | lence concerning this matter t | to the following: | | |
| | | | David Hatton | | | |
| | | | | Name of Person | - <u>-</u> | |
| | | | David L Hatton, PA | | | |
| | | | | Firm/Company | | |
| | | | 2960 Wentworth | | | |
| | | | | Address | | |
| | | | Weston, FL 33332 | | | |
| | | | dhatton@hattonlaw.com | City/State and Zip Code | | |
| | | | E-mail address: (t | to be used for future annual re | port notification) | |
| For furth | er in | formation con | cerning this matter, please ca | ıll: | | |
| David H | attor | l | | 786 373- | 8899 | |
| | - | Name of P | Person | Area Code | Daytime Telephone | Number |
| Enclosed | d is a | check for the | following amount: | | | |
| \$25. | .00 F | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & Certified Copy (additional copy is enclo | osed) (| 60.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed) |

MAILING ADDRESS:

TΩ·

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Recovery Life Homes, LLC | | |
|---|--|---|
| (Name of the Limited Liabil (A Florid | lity Company as it now appears on our rec la Limited Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability | | |
| Florida document number L19000190246 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the lin | nited liability company here: | |
| RLH Properties LLC The new name must be distinguishable and contain the words "Lin | | |
| The new name must be distinguishable and contain the words "Lin | mited Liability Company," the designation "I | LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | <u> </u> |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | 2020 |
| | | |
| | | |
| B. If amending the registered agent and/or regi | istered office address on our reco | ords, enter the name of the nev |
| registered agent and/or the new registered office ad | <u>aress nere</u> : | - P 1 |
| | | |
| Name of New Registered Agent: | | <u>> 5 51 </u> |
| New Registered Office Address: | | |
| | Enter Florida street ad | dress |
| | | Florida Zin Code |
| | City | гір Соае |

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> | Address | Type of Action |
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| Effectiv | ve date, if other ective date is listed, t | than the date | of filing: | nnot be prior to | date of filing | or more than 90 | (optional) | Pursuant to 605 (| 020 7 (|
| Note: 1 | If the date inserted ent's effective date | d in this block do | es not mee | et the applical | ble statutory i | iling requirem | ents, this date | will not be listed | l as t |
| the reco | ord specifies a 90th day after | delayed effer the record is | ctive dat s filed. | te, but not | an effectiv | e time, at : | 12:01 a.m. | on the earlie | r of: |
| Dated _ | January | 7 | , | 2020 | _· | | | | |
| | | · · · do | 1/1 / | | | | | | |
| | ١ ١/٠ | | | | | tive of a memb | | | |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00