419000198224

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



400334960984

19 SEP 27 AH II: 22

SUPPORTER

COVER LETTER

Division of Corp	porations		
Wells Recor			
SUBJECT:		ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspondence	ndence concerning this matter to	o the following:	
	Robert Roundtree		
		Name of Person	
	Wells Recovery, LLC		
		Firm/Company	· · · · · · · · · · · · · · · · · · ·
	7461 Mistydawn Drive		
		Address	
	Fairburn, GA 30213		
		City/State and Zip Code	
	rhrtree@msn.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information co	oncerning this matter, please ca	11:	
Robert Roundtree		404 3438572	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our reco a Limited Liability Company)	ords.)
the Articles of Organization for this Limited Liability C	Company were filed on 8-5-2019	and assigned
lorida document number L19000198224	 ·	
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the lim	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		19 S
<u> Principal office address MUST BE A STREET ADD</u>	RESS)	
		· · ·
Inter new mailing address, if applicable:		- 2 2 2
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or regi		rds, enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ado	fress
		Florida
	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>	Type of Action
AMBR	Ronnelle Buch	6750 Congress Ave. 101	
———			
		Boca Raton, FL 33487	
			Remove
			Change
			Change
			Remove
			 _
			Change
			Z ERemove
			□ Remove 1
			ERemove 1
			Danange Danange
			Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
			☐ Change
•			
			
			☐ Remove
			Change

										
					-					
				-						
					,				· · · ·	
		- <u>-</u> -		4.15						
									19	
									- (2)	
							<u>-</u>	<u> </u>	27	:
					· · · · · · · · · · · · · · · · · · ·			<u> </u>	<u>;⇒</u>	
								<u> </u>	= 2	
				<u></u>				ا سا ح: 	. 2	

				8-7-20	19					
n effecti ote: If	e date, if other ive date is listed the date insert t's effective da	the date musted in this bl	st be specific as lock does not	nd cannot be meet the a	prior to date oplicable st	of filing or πκ atutory filing	re than 90 day	(optional) s after filing.) s, this date v	Pursuant vill not t	to 605.020 be listed a
recor The 90	rd specifies Oth day aft	a delayed er the rec	d effective ord is filed	date, bu I.	t not an	effective ti	me, at 12:	:01 a.m. c	n the	earlier (
ited	ptember 24, 2	019			·					

Page 3 of 3

Filing Fee: \$25.00