119000 198224

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		i
		į

Office Use Only



000338666250

01/03/29~-01004--012 **25.00

7676 1111-3 PH 3: 03

GOLDEN 620 - 3 2620

COVER LETTER

TO:

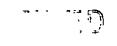
Registration Section

Tallahassee, FL 32314

Division of Corp	porations		
	COVERY, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	DANENT NAUNOSTAIS		
	ROBERT ROUNDTREE		
		Name of Person	
	WELLS RECOVERY, LL	C	
		Firm/Company	
	1820 WEST SAMPLE RO	AD	
	· ·	Address	
	CORAL SPRINGS, FL 330)64	
		City/State and Zip Code	
	rhrtree@msn.com		
	E-mail address: ()	o be used for future annual report no	tification)
For further information co	oncerning this matter, please ca	ill:	
Robert Roundtree		404 3438572	
Name of	Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for th	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Fiting 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		Street Address:	
Registration S		Registration Se	
Division of Co P.O. Box 632		Division of Co The Centre of	

Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2020 JAM - 3 PH 3: 03

WE	:11	2	Ð	EC.	αv	ric p	V	1	C
VV 11	. 1 . 1		15	r. t '		T.R.	1 -	1.1	

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

		00.01.00	
ne Articles of Organization for this Limited	Liability Company	were filed on $\frac{08-05-20}{}$	and assigned
orida document number 1.19000198224	·		
is amendment is submitted to amend the fo	llowing:		
If amending name, enter the new name	of the limited liabi	ility company here:	
e new name must be distinguishable and contain the	words "Limited Liabili	ity Company." the designati	on "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appl	icable:		
rincipal office address MUST BE A STRE	ET ADDRESS)		
		507 BINKLEY COUR	T
nter new mailing address, if applicable: Aailing address MAY BE A POST OFFICE	F ROY)	MESQUITE TX 75181	
runing university of BEA POST (FFICE BOX)			
If amending the registered agent and/or ent and/or the new registered office addr		ddress on our records	s, enter the name of the new registe
Name of New Registered Agent:	CHAD MITCH	ELL	
New Registered Office Address:	10820 WEST S	AMPLE ROAD	
		Enter Florida stre	et address
	CORAL SPRIN	GS	Florida 33064
		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

Title	Name	Address	Type of Action
AMBR	RONNELLE BUCH	6750 CONGREE AVE #101	
		BOCA RATON, FL 33487	■Remove
MGR	ROBERT ROUNDTREE	10820 WEST SAMPLE ROAD	
		CORAL SPRINGS, FL 33064	≣Remove
			Change
AMBR	CHAD MITCHELL	507 BINKLEY COURT	■Add
		MESQUITE, TX 75181	□Remove
		.	□Change
			□Add
			□Remove
			□Change
			□Add
		□Remove	
			□Change
			□Add
			□Remove
			□Change

-	
_	
_	
-	
-	
-	
-	
_	
_	
-	
-	
-	
-	
_	
-	
fan eff <u>Yote:</u>	(optional) ective date, if other than the date of filing: (contional) ective 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 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as item's effective date on the Department of State's records.
recor d is fi	d 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 led.
ated	DECEMBER 30, 2019 Signature of a member or authorized representative of a member
	V
	ROBERT ROUNDTREE Typed or printed name of signee

Filing Fee: \$25.00