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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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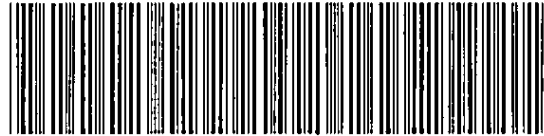
(Business Entity Name)

(Document Number)

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02/27/20--01013--002 **25.00

R. WHITE
FEB 28 2020

FILED
FEB 27 2020

2020 FEB 27 AM 9 27:00

27 11:10:12

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RECOVERY BAY, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANN BLACK

Name of Person

SMITH, THOMPSON, SHAW, ET AL.

Firm/Company

3520 THOMASVILLE ROAD, FOURTH FLOOR

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

jcopeland777@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANN BLACK

\$50

893-4105

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314~~

~~STREET/COURIER ADDRESS:~~

~~Registration Section
Division of Corporations
Citron Building
2661 Executive Center Circle
Tallahassee, FL 32301~~

2415 N Monroe St. Suite 810

2025 FEB 27 AM 10:42

AMENDED ARTICLES OF ORGANIZATION OF RECOVERY BAY, LLC

.....

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes (the "Florida Revised Limited Liability Company Act"), for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

1. **NAME.**

The name of the Limited Liability Company is **RECOVERY BAY, LLC** (hereinafter referred to as the "Company").

2. **PERIOD OF DURATION**

The period of duration of the Company shall be perpetual, unless it is dissolved as provided in the Florida Limited Liability Act or the written Operating Agreement to be executed by all of the Members of the Company.

3. **PURPOSE.**

To engage in any and all other businesses and activities permitted by the laws of the State of Florida. The Company shall have all of the powers vested in a limited liability company organized and existing by virtue of such laws.

4. **MAILING ADDRESS OF BUSINESS.**

The mailing address of the business is 9721 Thomas Drive, Panama City Beach, Florida 32408. Such address may be changed from time to time as provided in the Operating Agreement.

5. **ADDRESS OF PLACE OF BUSINESS.**

The street address of the place of business in Florida for the Company is 9721 Thomas Drive, Panama City Beach, Florida 32408. Such address may be changed from time to time as provided in the Operating Agreement.

6. REGISTERED AGENT AND OFFICE.

The initial registered agent in Florida for the Company is: DAVID MINACCI at located at 140 West 1st Street, St. George Island, Florida 32328.

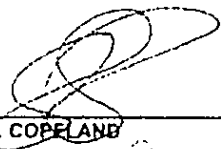
7. MANAGEMENT.


The names and addresses of the managers of the Limited Liability Company are:

John David Copeland
617 Primrose Court
Argyle, TX 76226

Sandra Capra
3932 Balsam Drive
Niceville, FL 32578

DATED this 2nd day of February, 2020.



JOHN D. COPELAND

SANDRA CAPRA


**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF
PROCESS WITHIN THIS STATE, NAMING AGENT WITH WHOM PROCESS MAY BE SERVED.**

Pursuant to the provisions of Section 605 Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

1. The name of the limited liability company is **RECOVERY BAY, LLC.**
2. The name of the registered agent and office is: **DAVID MINACCI; at 140 West 1st Street, St. George Island, Florida 32328**

ACKNOWLEDGEMENT

Having been named to accept service of process for the above limited liability company, at the place designated in this certificate, I hereby accept to act in this capacity and agree to comply with the provision of said Act relative to being available at said location.



DAVID MINACCI, Registered Agent