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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

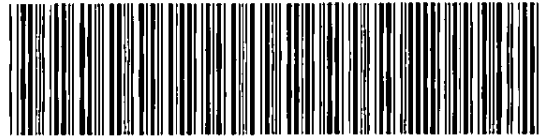
(Business Entity Name)

(Document Number)

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2025 APR 14 PM 2:07  
SECRETARY OF STATE  
TALLahassee, VA

3 Braun 6 S. 2025

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: T & G Rescue and 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:

Evena T. Bowden

Name of Person

Firm/Company

2690 Somerset Drive Apt 308

Address

Lauderdale Lakes, FL 33311

City/State and Zip Code

breathoflifeservices2025@gmail.com

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

For further information concerning this matter, please call:

Evena T. Bowden

954 531-3218

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 Address:**

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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T & G Rescue and Recovery LLC

The Articles of Organization for this Limited Liability Company were filed on 03/30/2020 and assigned Florida document number 1.20000092586.

Breath of Life Multi Services LLC

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**Enter new mailing address, if applicable:**

*(Mailing address MAY BE A POST OFFICE BOX)*

Name of New Registered Agent:

**New Registered Office Address:**

Enter Florida street address

\_\_\_\_\_. 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>	<u>Type of Action</u>
MGR	Evena T. Bowden	2690 Somerset Drive	<input type="checkbox"/> Add
		Apt 308	<input type="checkbox"/> Remove
		Lauderdale Lakes, FL 33311	<input checked="" type="checkbox"/> Change
AMBR	George P. Bowden	2690 Somerset Drive	<input type="checkbox"/> Add
		Apt 308	<input type="checkbox"/> Remove
		Lauderdale Lakes, FL 33311	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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[illegible]

(If an effective 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 (3)(b)

If the record 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 record is filed.

Elena Borden  
Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**