

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : STEVEN R. KUTNER, P.A.
Account Number : 120010C0018C
Phone : (407) 644-1104
Fax Number : (407) 629-0090

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: accounting@RecoveryLifeApparel.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AFTER THE MTG APPAREL LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

JUL 13 2020 07

AFTER THE MTG APPAREL LLC

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

The Articles of Organization for this Limited Liability Company were filed on May 18, 2020 and assigned
Florida document number L20000133500.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RECOVERY LIFE, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

30 Keyes Avenue

(Principal office address MUST BE A STREET ADDRESS)

Sanford, Florida 32773

Enter new mailing address, if applicable:

30 Keyes Avenue

(Mailing address MAY BE A POST OFFICE BOX)

Sanford, Florida 32773

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

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	Lia Moore	253 12th Avenue	<input type="checkbox"/> Add
		Longwood, Florida 32750	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	McKenzie Kleizo	648 E. Club Circle	<input checked="" type="checkbox"/> Add
		Longwood, Florida 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

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Filing Fee: \$25.00