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 : 120010000180 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@ Recovery Life Apparel Com

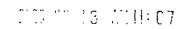
LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AFTER THE MTG APPAREL LLC

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



AFTER THE MTC	GAPPAREL LLC	
(Name of the Limited Liability Compa- (A Florida Limited L	ny as it now appears on our records.) Jiability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L20000133500 This amendment is submitted to amend the following:	were filed on May 18, 2020 and assigned	
A. If amending name, enter the new name of the limited liabi	ility company here:	
RECOVERY LIFE, LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."	
	30 Keyes Avenue	
Enter new principal offices address, if applicable:	Sanford, Florida 32773	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	Sanford, Florida 32773 address on our records, enter the name of the new registered	
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 agr provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is	

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>	Name	Address	Type of Action
MGR	Lia Moore	253 12th Avenue	□∧dd
		Longwood, Florida 32750	≣Remove
			Change
MGR McKenzie Kleizo	McKenzie Kleizo	648 E. Club Circle	
		Longwood, Florida 32779	[]Remove
		□Change	
		□Add	
	·		□Remove
			□Add
		Remove	
			Change
		·	DAdd
			□Remove
			□Change
			□Add
		- 1	□Remove
			CiChange

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Effectiv	ce date, if other than the date of filing: (optional) ctive 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 605.02:
lf an elle Note:	f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed:
docume	nt's effective date on the Department of State's records.
e recorc	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
rd is file	:d.
	July 13 2020
Dated_	July 13
\subset	Signature of a member or authorized representative of a member
	Signature of a contract of the
	Lalita Burton
	Typed or printed name of signee