

L20 000217702

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

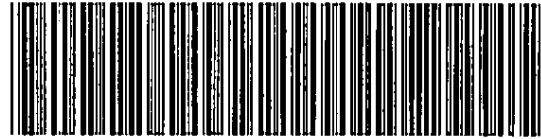
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OCT 01 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RRECOVERY2020 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:

BRIAN WEST

Name of Person

RRECOVERY2020 LLC

Firm/Company

18731 44TH PL N

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

rrecovery2020@gmail.com

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

For further information concerning this matter, please call.

BRIAN WEST

561 379 7462

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

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>
AMBR	BRIAN WEST	18731 44TH PL N	<input type="checkbox"/> Add
		LOXAHATCHEE	<input type="checkbox"/> Remove
		FL 33470	<input checked="" type="checkbox"/> Change
MG	GARFIELD ISLES	1520 RUNNING OAK LANE	<input checked="" type="checkbox"/> Add
		ROYAL PALM BEACH	<input type="checkbox"/> Remove
		FL 33411	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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(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)

Typed or printed name of signee