## 120000217702

| (Rec                      | questor's Name)   | <del></del> |
|---------------------------|-------------------|-------------|
| (Add                      | lress)            |             |
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| (City                     | //State/Zip/Phone | e #)        |
| PICK-UP                   | ☐ WAIT            | MAIL        |
| (Bus                      | iness Entity Nan  | ne)         |
| (Document Number)         |                   |             |
| Certified Copies          | Certificates      | of Status   |
| Special Instructions to F | iling Officer:    |             |
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|                           |                   |             |

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## **COVER LETTER**

Registration Section

TO:

| Division of Co                  | rporations                      | 4 4  |  |  |
|---------------------------------|---------------------------------|--|--|--|
| RRECOVI<br>SUBJECT:             | ERY2020 LLC                     | se e   |  |  |
| 30000ECT.                       | Name of Lir                     | nited Liability Company                      | ······································                               |  |
|                                 |                                 |  | ·  |  |
| The enclosed Articles of        | Amendment and fee(s) are sul    | omitted for filmg.                           |  |  |
| Please return all correspo      | ondence concerning this matter  | to the following:                            |  |  |
|                                 | BRIAN WEST                      |  |  |  |
|                                 |                                 | Name of Person                               | <del></del>  |  |
|                                 | RRECOVERY2020 LLC               |  |  |  |
|                                 |                                 | Firm/Company                                 |  |  |
|                                 |                                 | cutive outpany                               |  |  |
|                                 | 1873 I 44TH PL N                |  |  |  |
|                                 |                                 | Address                                      | <del></del>  |  |
|                                 | LOXAHATCHEE, FL 3.              | 3470   |  |  |
|                                 |                                 | City/State and Zip Code                      | <del></del>  |  |
|                                 | rrecovery2020@gmail.com         |  | ·  |  |
|                                 |                                 | to be used for future annual report to       | otification)   |  |
| For further information c       | oncerning this matter, please c | all.   |  |  |
| BRIAN WEST                      |                                 | 561 379 7462                                 |  |  |
| Name o                          | f Person                        | Area Code Dayti                              | ine Telephone Number   |  |
| Enclosed is a check for th      | ne following amount:            |  |  |  |
| □ \$25.00 Filing Fee            | ☐ \$30.00 Filing Fee &          | □ \$55.00 Filing Fee &                       | ☐ \$60.00 Filing Fee,  |  |
|                                 | Certificate of Status           | Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy radditional copy is enclosed) |  |
|                                 |                                 |  |  |  |
| Mailing Addres                  |                                 | Street Address:                              |  |  |
| Registration S<br>Division of C |                                 | Registration S<br>Division of Co             |  |  |
| P.O. Box 632                    | •                               | The Centre of                                | -  |  |
| Talfahassee, 1                  | L 32314                         | 2415 N. Monr                                 | 2415 N. Monroe Street, Suite 810                                     |  |

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RRECOVERY2020 LLC

Class 14 77 2:35

(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 C   | ompany were filed on $\frac{07/23/2020}{}$                          | and assigned  |
|---|---|---|
| Florida document number 1.20000217702   |   |   |
| This amendment is submitted to amend the following:   |   | .4  |
| A. If amending name, enter the new name of the limit  | ited liability company here:  |   |
| The new name must be distinguishable and contain the words "Lim   | ited Liability Company," the designation                            | "LLC" or the abbreviation "L.L.C."                                  |
| Enter new principal offices address, if applicable:   |   |   |
| (Principal office address MUST BE A STREET ADDR   |   |   |
|   |   |   |
| Enter new mailing address, if applicable:   |   |   |
| (Mailing address MAY BE A POST OFFICE BOX)  | -   |   |
|   |   |   |
| B. If amending the registered agent and/or registered   | d office address on our records, o                                  | enter the name of the new registered                                |
| agent and/or the new registered office address here:  |   | <del>-</del>  |
|   |   | <i>!</i>  |
| Name of New Registered Agent:   |   |   |
| New Registered Office Address:  |   | uddress   |
|   | Enter Florida street (  | address   |
|   | <u> </u>  | Florida   |
| Name Description of Associate Community of the Associate Description  |   | zιρ Coae  |
| New Registered Agent's Signature, if changing Registered  | - <u> </u>  |   |
| I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence of the obligations of my position as registered as being filed to merely reflect a change in the registere company has been notified in writing of this change. | omplete performance of my dution<br>gent as provided for in Chapter | es, and I am familiar with and<br>605, F.S. Or, if this document is |
|   | If Changing Registered Agent, Signa                                 | ture 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 2.13 AU 14 TH 2: 26 | Type of Action |
|-------------------|----------------|-----------------------------|----------------|
| AMBR              | BRIAN WEST     | 18731 44TH PL N             | □Add           |
|                   |                | LOXAFIATCHEE                | □Remove        |
|                   |                | FL 33470                    |                |
| MG GARFIELD ISLES | GARFIELD ISLES | 1520 RUNNING OAK LANE       | <b>=</b> Add   |
|                   |                | ROYAL PALM BEACH            | □Remove        |
|                   |                | FL 33411 (                  | □Change        |
|                   |                |                             | □Add           |
|                   |                |                             | □Remove        |
|                   |                |                             | □Change        |
|                   |                |                             | □Add           |
|                   |                |                             | □Remove        |
|                   |                | □Change                     |                |
|                   | ·              | □Add                        |                |
|                   |                | □Remove                     |                |
|                   |                | □Change                     |                |
|                   |                | □Add                        |                |
|                   |                |                             | □Remove        |
|                   |                |                             | Change         |

|   | 2. JAC 11 Pil 2: 26   |
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|   |   |
| (If an effective date, if other than the date of filing:                    | mnot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(at the applicable statutory filing requirements, this date will not be listed as the |
| f the record specifies a delayed effective date, but not an ecord is filed. | effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the   |
| Dated   | 12.00 AM  |
|   |   |

Typed or printed name of signee