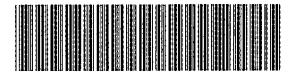
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COVER LETTER

SUBJECT: STILL WAY	TER RECOVERY COACHIN	SG, L.L.C.			
	Name of Lim	nted Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspon	ndence concerning this matter	to the following:			
	NIGEL TEARE			_	
		Name of Person			
	STILL WATER RECOVI	ERY COAÇHING, <u>L.L.C.</u>		_	
		Firm/Company			
	30358 Forest Parke Drive			2020 DEC -9 PM 3: 00 STATE OF STATE STATE OF STATE	
		Address		DEC	7
	FERNANDINA BEACH,	IFL 32034		9	TINU
		City/State and Zip Code		PM 3: 0	3
	nigel.teare@gmail.com E-mail.address: (to be used for future annual report notifi	ication)	3: 0 E. F.	•
For further information co	ncerning this matter, please c		·-··-,	- F. O	
Tot intrict intomation co	neering this nation, please co	an.			
Nigel Teare	<u></u>	at (917) 231-5076			
Name of	Person	Area Code Daytime	: Telephone Numbe	1	
Enclosed is a check for the	e following amount				
□ \$25.00 Filing Fee	≡ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	□ \$60,00 F	iling Fee.	
	Certificate of Status	Certified Copy		ate of Status &	
		(additional copy is enclosed)		l copy is enclosed)	
Mailing Address	•	Street Address:			

TO:

Registration Section Division of Corporations

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STILL WATER RECOVERY COACHING, L.L.C. (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 NOVEMBER 4, 2020 and assigned Florida document number 1,20000349579 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: STILL WATER RECOVERY SERVICES, LLC. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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) B. If amending the registered agent and/or registered office address on our records, enter the name of the new register agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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.

Cin

, Florida

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each property or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
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Signature of a member or authorized rep	presentative of a member