L20000388760

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05/06/21--01027--003 **25.00



COVER LETTER

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations

TO:

	COVERIES LLC		
SUBJECT:	Name of Lir	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Evan Thorpe		
		Name of Person	
	Elite Recoveries LLC		
		Firm/Company	
	6301 NW 5th way Suite 1	500	
		Address	
	Fort Lauderdale, FL 3330	•	
	···	City/State and Zip Code	·
	info@eliterecoveriesllc.com		
	E-mail address: (to be used for future annual report n	otification)
For further information of	oncerning this matter, please c	all:	
Deidra Bounyon		954 994 - 9951	
Name o	f Person		ime Telephone Number
Enclosed is a check for the	ne 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 Addres Registration S	Section	Street Address: Registration S	
Division of Corporations		Division of Co	prporations

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

ELITE RECOVERIES LLC			
(<u>Name of the Lin</u>	nited Liability C (A Florida Lin	ompany as it now appears on ou nited Liability Company)	r records.)
The Articles of Organization for this Limited Florida document number 120000388760	Liability Com	pany were filed on 12/14/202	and assigned
his amendment is submitted to amend the fo	llowing:		
a. If amending name, enter the new name	of the limited	liability company here:	
N/A			
he new name must be distinguishable and contain the	words "Limited	Liability Company," the designati	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:	N/A	
Principal office address MUST BE A STRE	ET ADDRES.	<u> </u>	
			20.2
Enter new mailing address, if applicable:		N/A	HAY I
(Mailing address MAY BE A POST OFFICE BOX)			550
3. If amending the registered agent and/or gent and/or the new registered office addr	registered off ess here:	fice address on our records.	enter the name of the new regist
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida stree	t address
	N/A		, Florida ^{N/A}
		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 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>	Type of Action
MGR	DEBOARD, EVAN		
		6301 NW 5TH WAY 1500 FT LA	UDERDALE, FL 33 ■Remove
			Change
			□Add
			🗀 Remove
		_	□Add
			Remove All Ay Change
			AllAs SEE FLORIDA AllAs Company Compa
			☐ Change
			Remove
			□Add
			□Remove
			□ Change

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ote: If the date inserted in this	he date of filing: must be specific and cannot be prior block does not meet the applica Department of State's records.	able statutory filing requirer	(optional) days after filing.) Pursinents, this date will n	uant to 605.020 not be listed a
record specifies a delayed effectis filed.	tive date, but not an effective tir	me, at 12:01 a.m. on the ear	lier of: (b) The 90th	day after the
April 27th	2021	<u> </u>		
April 27th				
ated April 27th	Signature of a member or autho			