

L21000092589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICKUP

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WAIT

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MAIL

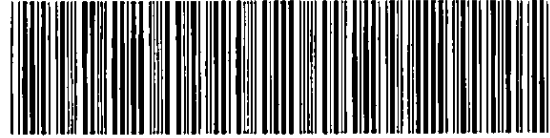
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Y. SULKER

MAR 12 2021

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 3/9/2021

NAME: PROFESSIONAL RECOVERY LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 MAR 11 PM 2:10

March 10, 2021

FLORIDA FILING

SUBJECT: PROFESSIONAL RECOVERY LLC
Ref. Number: L21000092589

We have received your document for PROFESSIONAL RECOVERY LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

This document is too dark and it is not acceptable for imaging.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 021A00005064

Please Keep Original
file date

Thank you!

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Professional Recovery LLC

(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 02/24/2021 and assigned
Florida document number L21000092589.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited 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 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 registered agent and/or the new registered office address here:

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 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 Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	David J. Kowalski	791 W. Camino Real Boca Raton FL. 33486	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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