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(Re	equestor's Name)	
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COVER LETTER

	Registration Se Division of Co			
SUBJEC"		NG AND RECOVERY LLC		
SOBJEC.	· ·	Name of Lin	nited Liability Company	
The enclos	sed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please reti	urn all correspo	ondence concerning this matter	to the following:	
		Yariel Gonzales		
			Name of Person	
		LG BILLING AND RECO	OVERY LLC	
			Firm/Company	<u> </u>
		3403 NW 82nd AVE		
			Address	
		DORAL, FL 33122		
			City/State and Zip Code	<u> </u>
		yarielgh81@gmail.com		
For further	r information c	E-mail address: (oncerning this matter, please c	to be used for future annual report no all:	tification)
YARIEL (GONZALES		305 794-4306	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is	s a check for th	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)
	<u> Iailing Addres</u> egistration S		<u>Street Address:</u> Registration S	ection
	egistration of C		Registration Solution of Co	
P	.O. Box 632	7	The Centre of	Tallahassee
T	allahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Company as it now a (A Florida Limited Liability Compa	opears on our records.)
	(A Florida Limited Liability Compa	iny)
The Articles of Organization for this Limited 1	Liability Company were filed or	n 04/22/2021 and assigned
Florida document number L21000188360	_ ·	
This amendment is submitted to amend the fol	llowing:	
A. If amending name, enter the new name	of the limited liability compan	v 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 appli	cable:	
Principal office address MUST BE A STRE.	ET ADDRESS)	- 3
Enter new mailing address, if applicable:		·
ailing address MAY BE A POST OFFICE BOX)		2:
		<u> </u>
		
3. If amending the registered agent and/or	registered office address on o	ur records, <u>enter the name of the new reg</u> i
gent and/or the new registered office addre	ess here:	
Nome of New Davistand Access	YARIEL GONZALEZ	
Name of New Registered Agent:		
New Registered Office Address:	3403 NW 82nd AVE	
	Enter	Florida street address
	DORAL	Florida 33122
		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

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>	Address	Type of Action
MGR	GALLARDO, CARMEN	3403 NW 82nd AVE	□ Add
		DORAL FLORIDA 33122	■Remove
			□Change
MGR	YARIEL GONZALEZ	3403 NW 82 AVE	≣ Add
		DORAL FLORIDA 33122	□Remove
			Change
			Remove
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			□Remove
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Tective date, if other than n effective date is listed, the date te: If the date inserted in the cument's effective date on the	e must be specific an its block does not	d cannot be prior to meet the applical	date of filing or m	ore than 90 days at g requirements, t	er filing.) Pu	rsuant to 605.02 I not be listed
ecord specifies a delayed eff s filed.	ective date, but no	t an effective tin	ne, at 12:01 a.m.	on the earlier of:	(b) The 9	0th day after th
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Filing Fee: \$25.00