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(Re	questor's Name)
(Ad	dress)
bA)	dress)
(Cit	y/State/Zip/Phone #)
PICK-UP	☐ WAIT ☐ MAIL
(Bu	siness Entity Name)
(Do	cument Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:

Office Use Only

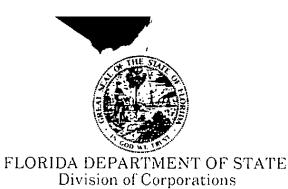


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March 6, 2023

TARVIS WILLIAMS 305 NE 208TH TERR MIAMI, FL 33179 US	~;
SUBJECT: HOLLYWOOD BEACH RECOVERY, LLC Ref. Number: L22000421411	
	고 : : : : : : : : : : : : : : : : : : :
	. ລາ

We have received your document and check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a INC, but your entity is a FL LLC. Please complete and return the enclosed blank form(s).

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.

Vonterica S Williams
REGULATORY SPECIALIST II
Letter Number: 223A00005190

COVER LETTER

TO: Registration Se Division of Cor			
SUBJECT: HO	lywood B	ited Liability Company	eny LLC
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
		Firm/Company	
For further information c	oncerning this matter, please co		,
MAIKA	Williams f Person	at (<u>186</u>) <u>222 -</u> Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mulling Address		Strout Address	

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

Hollyway Beach	Decovery, LLC my as it now appears on our records.) Liability Company)	<u>. </u>
The Articles of Organization for this Limited Liability Company Florida document number <u>L 22 000 421 411</u> .	10/20/2020	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	ility company <u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabile Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the a	abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		FILED 3 HAR 27 PH 1: 39 CRETARY OF STATE
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>enter the nar</u>	–
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Florida	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

Tide MGR	Name Tavis Williams	Address 5555 Hollywood Blvd	Type of Action JU1+303 Ladd
			□Remove
			□Change
			□Add
			□Remove
			□Change
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			🗀 Add
			□Remove
			□Change
			□Add
			Remove
			□ Change

). If amending	any other information, enter change(s) here: (Attach additional sheets, if necessary.)
, -	
	
-	
-	
Note: If the d	e, if other than the date of filing:
the record specif ord is filed.	fies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	3/22 2023
_	Signature of a member of authorized representative of a member
	Miguel Mella Typed or printed name of signee

Filing Fee: \$25.00