Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000102468 3)))



H230001024683ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (883)462-3453 Fax Number : (877)919-2613

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nter the email address for this business entity to be used for future nual report mailings. Enter only one email address please.**

EFILE 1234@INCFILE COM ail Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN CRYPTO RECOVERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00

Electronic Filing Menu — Corporate Filing Menu

Help

MAR 2 1 2023 T. LEMIEUX

Tallahassee, FL 32314

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COVER LETTER

TO: Registration So Division of Co				
SUBJECT:		RECOVERY LLC		
SUBJECT:		nted Liability Company	<u> </u>	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	LOVETTE DOBSON			
		Name of Person		
		Firm/Company		
	17350 STATE HWY 249	STE 220		
		Address		
	HOUSTON TX, 77064			
	EFILE1234@INCFILE.CO	City/State and Zip Code M to be used for future annual report noti	ilication)	
For further information c	concerning this matter, please c	all:		
LOVETTE DOBSON		888-462-345	5.3	
Name o	of Person	at ()	ne Telephone Number	
Enclosed is a check for t	he following amount:			
\$25,00 Filing Fee \$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 Address Registration		<u>Street Address:</u> Registration Sc	ction	
Division of C	Torporations	Division of Corporations The Centre of Tallahassee		
P.O. Box 632	<u> </u>	r ne Centre of 1	ананаямее	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ECOVERA LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears ted Liability Company)	on our records.)	
	, ca thanking company		
The Articles of Organization for this Limited Liability Compa	any were filed on	02/21/2023	and assigned
Florida document numberL23000094179			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited I	lability company her	<u>e</u> :	
The new name must be distinguishable and contain the words "Limited L	ability Company," the des	ignation "LLC" or the ab	previation "L. L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u> </u>		····
		m. a	. 7
			1623
			*:
Enter new mailing address, if applicable:	<u> </u>		<u></u>
(Mailing address MAY BE A POST OFFICE BOX)			25
	*		
B. If amending the registered agent and/or registered offi	ce address on our rec	ords, <u>enter the nam</u>	e of the new registered ت
agent and/or the new registered office address here:			. ω
Name of New Registered Agent:			
New Registered Office Address:			
New Registered Office Address.	Enter Florid	a street address	
	City	, Florida	Int ola
	•		zip ciere
New Registered Agent's Signature, if changing Registered Age	ent:		
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and compl accept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of n as provided for in Ch	y duties, and Lam f capter 605, F.S. Or,	amiliar with and if this document is
Company has occurangica 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: (((H23000102468 3)))

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	SHALOM SIMCHALLC	3640 N 46TH AVENUE HOLLYWOOD FL 33021	□Add
		HOLLYWOOD , FL 33021	Remove
			ElChange
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