L23 0000 95627

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COVER LETTER

TO:

TO: Registration S Division of Co			
	RPROS LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	CARLOS PEREZ		
		Name of Person	_
	RECOVERPROS LLC		
		Firm/Company	•
	11041 SW 11TH PL		
		Address	-
	DAVIE FLORIDA 33324		·
		City/State and Zip Code	2023 283 10
	CARLOSPEREZ776@HO	TMAIL.COM	
	E-mail address: ((to be used for future annual report notification)	, 10
For further information of	concerning this matter, please c	rall:	
CARLOS PEREZ		954 5985928	90
Name o	of Person	Area Code Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	ite of Status &
Mailing Addre		Street Address: Registration Section	
Division of C		Division of Corporations	
P.O. Box 632	27	The Centre of Tallahassee	
Tallahassee	FI 32314	2415 N. Monroe Street, Suite 8	CLO

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

RECOVERPROS LLC	
(Name of the Limited Liability Company as it now appea (A Florida Limited Liability Company)	<u>rs on our records.</u>)
The Articles of Organization for this Limited Liability Company were filed on $\frac{03}{2}$	3/29/2023 and assigned
Florida document number L23000095627	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company h	<u>ere</u> :
he 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)	
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	<u> 과</u>
	· · · · · · · · · · · · · · · · · · ·
3. If amending the registered agent and/or registered office address on our regent and/or the new registered office address here:	ecords, enter the name of the new regist
gent and of the new registered office address nere.	
Name of New Registered Agent:	
New Registered Office Address:	rida street address

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.

City

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
AMBR	Carlos Perez	11041 aw 11th pl davie fl 33324	□Add
			□Remove
			■Change
AMBR	Francisco J Perez	17637 SW 20TH STMIRAMAR, FL 33029	□ Add
			Remove
			Change
			DAdd
			QRemove.
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			Remove
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Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be pri Note: If the date inserted in this block does not meet the appl document's effective date on the Department of State's record	(optional) ior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (. licable statutory filing requirements, this date will not be listed as the
he record specifies a delayed effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated MARCH 29 . 2023	<u> </u>
	riporized representative of a member

Typed or printed name of signee