L23000189903

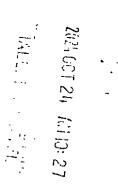
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.





600438469006

10/24/24--01018--001 **25.08





COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Palm Beach Gardens Recovery LLC. Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Name of Person
Blo Brech Cooders Recarry LLC.
860 US-1 Hwy Suite 110
North Palm Brach, F-1 33408 City/State and Zip Code
E-mail address to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony Scaparotti at (561) 716-9150 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
▼\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate of Status & Certificate o
Mailing Address: Registration Section Street Address: Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Palm Beach Cx	The Recovery	urs on our records.)	
(A F)	ability Company as it now appear orida Limited Liability Company)		
The Articles of Organization for this Limited Liabil		07 8 2024 027 24 022 027 24 022 027 24	and assigned
Florida document number <u>L230001899</u> 0	<u> </u>	.a .	hii 10:27
This amendment is submitted to amend the following		17.2 mg	E
A. If amending name, enter the new name of the	limited liability company h	<u>iere</u> :	
The new name must be distinguishable and contain the words	"Limited Liability Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET A			
Frincipul office dadress most be noticed.			
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BO)	<u>———</u> m		
(Mauing dadress MAT BE A FOST OFFICE BOX	<u></u>		
B. If amending the registered agent and/or regis	stered office address on our	records, enter the nam	e of the new registered
agent and/or the new registered office address he	<u>ere</u> :		
Name of New Registered Agent:			
New Registered Office Address:	D		
	Enter Fi	lorida street address	
_		, Florida	Zip Code
	City		гір Соше

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 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
NGR	Podaich Welhofen	4248 Royal Oak Drive Palm Boach Gordens, FL 3340	□Add
		Palm Boach Gordens, FL 3340	∑ ⊠ Remove
			Change
 			□ Add
			□ Remove
			Change
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			Change
			□Add
			□Remove
			Change

If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Note: If the	date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as effective date on the Department of State's records.
ne record spe ord is filed.	cifies 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	2024.
-	Mani Jurner Signature of a member or authorized representative of a member
	Typed or printed name of signee

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