

4/28/23, 12:18 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L23000205090

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : GASSMAN, CROTTY & DENICOLA, P.A.
Account Number : 07535000514
Phone : (727)442-1200
Fax Number : (727)443-5829

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN REAL RECOVERY SOLUTIONS, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 01 2023

K. Brumbach

Audit Fax# H23000159173 2

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

REAL RECOVERY SOLUTIONS, L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on April 25, 2023 and assigned Florida document number L23000205090.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company 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 applicable:

14702 N Florida Avenue, Suite 2

(Principal office address MUST BE A STREET ADDRESS)

Tampa, FL 33613

Enter new mailing address, if applicable:

4411 Bee Ridge Road

(Mailing address MAY BE A POST OFFICE BOX)

PMB 606

Sarasota, FL 34233

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

City

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

Audit Fax# H23000159173 3

Audit Fax# H23000159173 3

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>	<u>Type of Action</u>
MGR	PATRICK SLATTERY	4411 Bee Ridge Road	<input type="checkbox"/> Add
		PMB 606	<input type="checkbox"/> Remove
		Sarasota, FL 34233	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Change

Audit Fax# H23000159173 3

Audit Fax# H23000159173 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)
(If an effective 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 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(f) If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 28, 2023

Signature of a member or authorized representative of a member

KENNETH J. CROTTY, ESQ., Auth. Rep.

Typed or printed name of signee

Audit Fax# H23000159173 3

Filing Fee: \$25.00