

L230000217626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

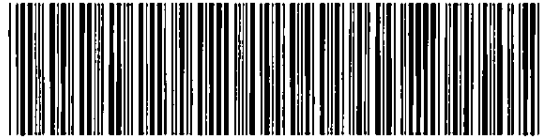
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/28/23--01018--021 **25.00

2023 AUG 28 AM 9:25
CLERK OF COURT

ef 9/16/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Recovery Oasis Wellness 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:

John Cunningham
Name of Person

Recovery Oasis
Firm/Company

187 114th Ave NE
Address

St. Petersburg, FL 33716
City/State and Zip Code

Recoveryoasiswellness@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cunningham at (813) 382-2637
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

John Cunningham

187 114th Ave NE

St Petersburg, FL 33716

Daytime # 813-382-2637

Email – Recoveryoasiswellness@gmail.com

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

Recovery Oasis Wellness LLC

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

2023 AUG 28 AM 9:25

The Articles of Organization for this Limited Liability Company were filed on 5/2/2023 and assigned Florida document number L23000217626

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:

(Principal office address MUST BE A STREET ADDRESS)

187 114th Ave NE

St. Petersburg, Fl. 33716

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

John Cunningham

New Registered Office Address:

187 114th Ave NE 6

Enter Florida street address

St. Petersburg

City

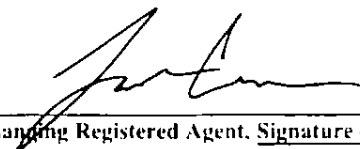
Florida

33716

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Eric Revesz	7950 PARK Blvd North	<input type="checkbox"/> Add
		Pinellas Park, Fl. 33681	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	John Cunningham	187 114th Ave NE	<input checked="" type="checkbox"/> Add
		St. Petersburg, Fl. 33716	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SAMARA Ballard	187 114th Ave NE	<input type="checkbox"/> Add
		St. Petersburg, Fl. 33716	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Dated August 9th, 2023

Signature of a member or authorized representative

John Cunningham

Typed or printed name of signee