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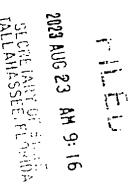
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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Non-Stop Towns + 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:
Jeanne He Luciano Name of Person
Firm/Company
230 SE HWY 41 Address
Willston, Fl 32496 City/State and Zip Code
NS + re CD Very 2023 @ amay. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Jeanne He Luciano at (954) 213-2131  Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) □ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Comment of the same

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Floric	da-Eimited Liability Company)
The Articles of Organization for this Limited Liability (Florida document number <u>L33 DDO 254 5</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	nited liability company here:
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2023 AU FALLAH
B. If amending the registered agent and/or registere	ed office address on our records, enter the name of the new registers
agent and/or the new registered office address here:	9.16
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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

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
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			□Remove
			□Change
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nending any other information, enter change(s) here: (Attach ada	litional sheets, if n	necessary.)	
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effective date, if other than the date of filing:  If the date inserted in this block does not meet the applicable statutory filment's effective date on the Department of State's records.	r more than 90 days a	ptional) Her filing.) Pursuant to this date will not be	605.0 listed
ord specifies a delayed effective date, but not an effective time, at 12:01 a.r filed.	m. on the earlier of	(b) The 90th day a	after t
May 25 1 2023.			
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THU DIVINI MUNULII XI			-
Signature of a member or authorized representate	ive of a member		