

L24000 101513

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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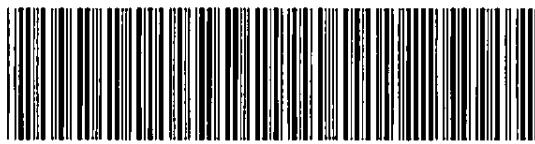
(Business Entity Name)

(Document Number)

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AB

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SUBJECT: Recovery and Remarketing, 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:

Samantha Hoffman  
Name of Person

Name of Person

# Recovery and Remarketing LLC

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**Firm Company**

4320 N. Spring Garden Ave.  
Address

### Address

D. Manel, FL 32724

CityState and Zip Codes

HoffmannSam706@gmail.com  
E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual school notification)

For further information concerning this matter, please call:

Samantha Hoffmeyer at (386) 847-3934  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

**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

Recovery and Remarketing, Inc

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

(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on 2/27/24 and assigned Florida document number L24000101513.

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)*

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:

Donna M. Vescera

New Registered Office Address:

4320 N. Spring Garden Ave.

Enter Florida street address

DeLand

City

Florida 32724

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.*

Donna M. Vescera

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**

**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.

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 March 18th, 2024.

Sam Hahn Sign

Signature of a member or authorized representative of a member

Samantha Hoffman

Typed or printed name of signee

**Filing Fee: \$25.00**