24000156155

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(Document Number)			
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COVER LETTER

TO: Registration Section Division of Corporations

SAVE A LIFE RECOVERY LLC

SUBJECT: ____

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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:

SALVATORE PRISCO

Name of Person

SAVE A LIFE RECOVERY LLC

Firm/Company

10235 W SAMPLE ROAD

Address

CORAL SPRINGS, FL 33065

City/State and Zip Code

SAL@SAVEALIFERECOVERY.COM

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

For further information concerning this matter, please call:

SALVATORE PRISCO

Name of Person

561 523-4325 at (____) Area Code Daytime

e Daytime Telephone Number

Enclosed is a check for the following amount:

💐 \$25.00 Filing Fee

S30.00 Filing Fee & Certificate of Status

\$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> 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

(<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)	
The Articles of Organization for this Limited Liability Company were filed on Florida document number24000156155	_ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
T-ALS	202
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbrev	
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	8. 2.
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>
D. If smarting the provisioned end of the editors of our records enter the name of	

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

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street i	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 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>	Name	Address	<u>Type of Action</u>
MGR	ANTHONY SERAFINO	10235 WEST SAMPLE ROAD,	🗆 Add
		CORAL SPRINGS. FL 33065	Remove
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	<u> </u>	□Change	
			🗌 Remove
			□ Change

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

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		06/01/2024			
E. Effective date, if other that	n the date of filing	g:		(optional)
(If an effective date is listed, the da <u>Note:</u> If the date inserted in t	te must be specific and bis block doos not r	f cannot be prior to c	late of filing or more the	an 90 days after filin	g.) Pursuant to 605.0207 (3 a will not be listed as th
document's effective date on a					e whi not be fisted as th
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f the record specifies a delayed ef ecord is filed.	fective date, but not	an effective time	, at 12:01 a.m. on th	le earlier of: (D)	ne 90th day after the
June 1st		2024			
Dated June 1st		?			
× 11-	LD.				
* Dalva	n fr	member or authorize	ed representative of a	member	
	Signature of a	memory of autionz	ca representative of a		
SALVATORE PR	ISCO				

Typed or printed name of signee