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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:	Name of Lim	nited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	SALVATORE PRISCO				
		Name of Person			
	SAVE A LIFE RECOVER	RY, LLC			
		<b>Fim</b> ⊮Сопіралу			
	10235 W SAMPLE ROAD, SUITE 200				
	Address				
	CORAL SPRINGS, FL 33	063			
		City/State and Zip Code			
	INFO@SAVEALIFERECO	OVERY,COM			
	E-mail address: (	to be used for future annual report noti	fication)		
For further information c	oncerning this matter, please c	all:			
VASHTI GANGARAM		754 245-2877			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	ne following amount:				
□ \$25.00 Filing Fee	■ \$30.00 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)		
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Sec Division of Cor			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassec, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAVE A LIFE RECOVERY LLC			
( <u>Name of the Limited Liability (</u> (A Florida Li	Company as it now app mited Liability Compan	ears on our records.) y)	
The Articles of Organization for this Limited Liability Con Florida document number <u>L24000156155</u> .	npany were filed on	4/05/2024	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	d liability company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited	l Liability Company." th	e designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADDRES	SS)		
	<del></del>		
	<del></del>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
		<del></del>	·
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	ffice address on our	records, enter the	name of the new regist
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street address	
		, Florid	а
	City	,ə.i.u	Zin 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>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	MARISA CONCETTA LIGGIERI	8880 19TH AVE, BROOKLYN, NY 11214	<b>=</b> Add
		<del></del>	□Remove
			□Change
AMBR	BRB ENTERPRISE LLC	4780 Hancock Rd, South West Ranches, Fl 33330	<b>≣</b> Add
			□Remove
			□ Change
			□Add
			□Remove
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			□Change

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: 6/20/2024 (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 \_\_\_ June 20th Signature of a member or authorized representative of a member SALVATORE PRISCO

Typed or printed name of signee