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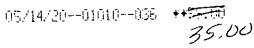
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Special Instructions to	Filing Officer:	

Office Use Only

524. 2576.



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COVER LETTER

TO: Amendment Section Division of Corporations NAME OF CORPORATION: Recover Your life Services Inc The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Samantha Lindsey
(Name of Contact Person) Recover Your life Services Inc 7540 Wimpole Dr New Port Richey FL 34655 Florida Cation Properties @ gmail. Com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: (Name of Contact Person) at 727 277 6874 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: □ \$35 Filing Fee □\$43.75 Filing Fee & □\$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed)

Mailing Address

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



2020 UT 18 PM N: 33

FLORIDA DEPARTMENT OF STATE Division of Corporations

June 4, 2020

SAMANTHA LINDSEY 7540 WIMPOLE DRIVE NEW PORT RICHEY, FL 34655

SUBJECT: RECOVER YOUR LIFE SERVICES INC

Ref. Number: N20000000429

We have received your document and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document is illegible and not acceptable for imaging. We ask that you type or carefully print the information in the appropriate blocks.

Please correct E.

The capacity of the person signing the document must be typed or printed beneath or opposite the signature.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 320A00011034

Articles of Amendment to Articles of Incorporation of

RECOVER YOUR LIFE SERVICES INC

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- (Name of Corporation as curren	tly filed with the Florida Dept. of State)
N20000000429	
(Document Numb	er of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statute amendment(s) to its Articles of Incorporation:	es, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corporat	ion;
N/A	The new
name must be distinguishable and contain the word "corpora "Company" or "Co," may not be used in the name.	tton" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	N/A
(Principal office address MUST BE A STREET ADDRESS)
C. Enter new mailing address, if applicable;	
(Mailing address MAY BE A POST OFFICE BOX)	N/A
D. If amending the registered agent and/or registered offi	ce address in Florida, enter the name of the
new registered agent and/or the new registered office p	<u>iddress:</u>
Name of New Registered Agent:	
	(Florida street address)
New Registered Office Address:	
	Florida
	(City) (Zip Code)
New Registered Agent's Signature, if changing Registered	Agent:
I hereby accept the appointment as registered agent. I am fa	miliar with and accept the obligations of the position.
	Signature of New Registered Agent, if changing
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If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X_Change X_Remove X_Add	⊻ Mi	nn <u>Doe</u> ke Jones l <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	Nume	<u>Addres</u> s
1) Change	ADV	BEN KELVER	7540 WIMPOLE DR.
Add			NEW PORT RICHEY,
X Remove			FLORIDA 34655
2) Change	ADV	CARRY GOULSTON	7540 WIMPOLE DR.
Add		·	NEW PORT RICHEY.
X Remove			FLORIDA 34655
3) X Change	P	Samantha Lindsey	7540 WIMPOLE DR.
Add	<u></u>		NEW PORT RICHEY,
Remove			FLORIDA 34655
4) Change	TR	LISA G. HENRY	1726 OTTO LANE
X Add			HUDSON
Remove			FLORIDA, 34667
5) Change	s	Ben Kelver	7540 WIMPOLE DR.
$\frac{\overline{X}}{X}$ Add			NEW PORT RICHEY.
Remove			FLORIDA 34655
6) Change			
Add			
Remove			

(uttach additional sheets, if necessary). (Be specific)	
PLEASE ADD ARTICLES IX, X, AND XI BELOW	
Remove - Cary Goulston	
Change - Samantha Lindsey	to President (+1+1+
ADD - Lisa 6 Henry to	Trasura (+1+le)
Range - Ben Kelver	to Secretary (title,
	-

The date of each amendment(s) ado	ption: 5/1/20	, if other than the
late this document was signed.		
Effective date <u>if applicable</u> :	5/1/20	
	(no more than 90 days after amendment file date)	
Note: If the date inserted in this bloc document's effective date on the Department	k does not meet the applicable statutory filing requirements, this dat artment of State's records,	e will not be listed as the
Adoption of Amendment(s)	(<u>CHECK ONE</u>)	
☐ The amendment(s) was/were add was/were sufficient for approval	opted by the members and the number of votes cast for the amendme.	int(s)
There are no members or member adopted by the board of director	ers entitled to vote on the amendment(s). The amendment(s) was/wes.	cre
Dated	18/20	
Signature <u>Sala</u>	mantha Amolsey	<u>.</u>
have not been	nan or vice chairman of the board, president or other officer-if direct in selected, by an incorporator – if in the hands of a receiver, trustee, appointed fiduciary by that fiduciary)	tors , or
Samantha	Lindsey	
	(Typed or printed name of person signing)	_
	President	
_	(Title of person signing)	