

N20 0000 000 429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

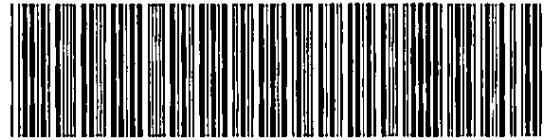
(Business Entity Name)

(Document Number)

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35.00

2020 MAY 18 AM 11:46

524-2576.

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: Recover Your life Services Inc

DOCUMENT NUMBER: N20000000429

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

(Firm/ Company)

7540 Wimpole Dr

(Address)

New Port Richey, FL 34655

(City/ State and Zip Code)

Florida Cation Properties@gmail.Com

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

For further information concerning this matter, please call:

Samantha Lindsey

(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 &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy is
Enclosed)

(PAID)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2020 JUN 10 PM 11:33

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

2020.11.18 AM 11:46

(Name of Corporation as currently filed with the Florida Dept. of State)

N2000000429

(Document Number of Corporation (if known))

Pursuant to the provisions of section 617.1006, Florida Statutes, this *Florida Not For Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

N/A

The new name must be distinguishable and contain the word "corporation" or "incorporated" or the abbreviation "Corp." or "Inc." "Company" or "Co." may not be used in the name.

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:

N/A

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent:

N/A

(Florida street address)

New Registered Office Address:

(City)

Florida

(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

F. If amending or adding additional Articles, enter change(s) here:
(attach additional sheets, if necessary). (Be specific)

PLEASE ADD ARTICLES IX, X, AND XI BELOW

Remove - Cary Goulston

Change - Samantha Lindsey to President (title)

ADD - Lisa G Henry to Treasure (title)

~~ADD~~ Change - Ben Kelter to Secretary (title)

The date of each amendment(s) adoption: 5/1/20, if other than the date this document was signed.

Effective date if applicable: 5/1/20
(no more than 90 days after amendment file date)

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.

Adoption of Amendment(s) (CHECK ONE)

- ☐ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.
- ☒ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 5/8/20

Signature Samantha Lindsey
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Samantha Lindsey

(Typed or printed name of person signing)

President
(Title of person signing)