N21000004547

(Re	questor's Name)	_
(Ad	dress)	<u></u>
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(Ao	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
	r.w. N.	
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

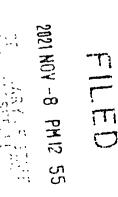
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A. RAMSEY NOV 29 2021

COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORATION:	RS INCORPORATED
DOCUMENT NUMBER: N21000004547	
The enclosed Articles of Amendment and fee are sub-	mitted for filing.
Please return all correspondence concerning this matter	er to the following:
TYDIE SUTTON	
	(Name of Contact Person)
RECOVERY SISTERS INCORPORATED	
	(Firm/ Company)
8450-C SR 84	
	(Address)
DAVIE, FLORIDA 33325	
	(City/ State and Zip Code)
tydie@recoverysisters.net	
E-mail address: (to be used	d for future annual report notification)
For further information concerning this matter, please	e call:
SONYA M. CRUDUP	954 682-8018 at
(Name of Contact Person	
Enclosed is a check for the following amount made p	ayable to the Florida Department of State:
■ \$35 Filing Fee □\$43.75 Filing Fee & Certificate of Status	□\$43.75 Filing Fee & □\$52.50 Filing Fee Certified Copy Certificate of Status (Additional copy is enclosed) Certified Copy (Additional Copy is Enclosed)
Mailing Address Amendment Section Division of Corporations	Street Address Amendment Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Articles of Amendment to Articles of Incorporation of

FILED

RECOVERY SISTERS INCORPORATED

2021 NOV -8 PM 12 55

(Name of Corporation as currently filed with the Florida	Dent. of State)	3. 1107 28 PM 12-55
N21000004547	<u></u> ,	ALL ANASSES STATE
(Document Num	iber of Corporation (if known)
Pursuant to the provisions of section 617,1006, Florida Statuamendment(s) to its Articles of Incorporation:	ites, this <i>Florida No</i>	For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpora	ation:	
N/A	·	The new
name must be distinguishable and contain the word "corpor "Company" or "Co," may not be used in the name.	ration" or "incorpor	
B. Enter new principal office address, if applicable: (Principal office address <u>MUST BE A STREET ADDRES</u>)	<u>N/A</u>	
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 of new registered agent and/or the new registered office		ida, enter the name of the
Name of New Registered Agent: N/A		
New Registered Office Address;		(Florida street address)
 	(City)	Florida (Zip Code)
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent. I am J	ed Agent:	·

Signature of New Registered Agent, if changing

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	PT John D V Mike J SV Sally S	<u>ones</u>	
Type of Action (Check One)	<u>Title</u>	Name	Address
1) Change Add	<u>T</u>	SONYA M. CRUDUP	6100 HAYES STREET HOLLYWOOD, FLORIDA 33024
xx Remove			
2) Change Add			
Remove 3)			
4) Change Add			
Remove			
5) Change Add			
Remove			
6) Change Add			
Remove			
(attach additional she	rets, if necessary).		
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The date of each amendment(s) adoption: NOVEMBER 1, 2021	_, if other than th
date this document was signed.	
Effective date if applicable: OCTOBER 27, 2021	
(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 document's effective date on the Department of State's records.	oe listed as the
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.	

adopte	·	rd of directors. NOVEMBER 1,, 2021
	Dated Signature	Soma M CRudy
	(By the chairman or the 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)
		SONYA M. CRUDUP
		(Typed or printed name of person signing)
		TREASURER