## P14000021839

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	#)
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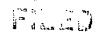
## **COVER LETTER**

**TO:** Amendment Section Division of Corporations

NAME OF CORPORATION: RECOVERY FINANCIAL SERVICES INC		
DOCUMENT NUMBER: P14000021839		
The enclosed Articles of Amendment and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
HOLLY DELGADO		
Name of Contact Person RECOVERY FINANCIAL SERVICES INC		
5645 CORAL RIDGE DR # 355		
CORAL SPRINGS, FL 33076		
City/ State and Zip Code		
holly @ recovery fSI. com Email address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
HOLLY DELGADO at Sel 386 2251		
Name of Contact Person Area Code & Daytime Telephone Number		
Enclosed is a check for the following amount made payable to the Florida Department of State:		
\$35 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (Additional copy is enclosed)  Certified Copy (Additional Copy is enclosed)		
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle		

Tallahassee, FL 32301

## **Articles of Amendment** Articles of Incorporation



## RECOVERY FINANCIAL SERVICES INC

14 JUN 26 AM 8: 34

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

P14000021839

nt(s) to

(Documer	nt Number of Corporation (if	`known)	
Pursuant to the provisions of section 607. its Articles of Incorporation:	1006, Florida Statutes, this I	Florida Profit Corporation adopts the following ame	endme
A. If amending name, enter the new na	ame of the corporation:	The	
name must be distinguishable and con "Corp.," "Inc.," or Co.," or the design word "chartered," "professional associa	ation "Corp," "Inc," or "C	n," "company," or "incorporated" or the abbrev Co". A professional corporation name must conta	new iation in the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		5645 CORAL RIDGE DR #355	
		CORAL SPRINGS, FL 33076	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		***	
		5645 CORAL RIDGE DR # 355	
		CORAL SPRINGS, FL 33076	
D. If amending the registered agent an new registered agent and/or the new			
Name of New Registered Agent	HOLLY DELGAD	_	
	5645 CORAL RID	OGE DR # 355	
	(Florida stre	•	
New Registered Office Address:	CORAL SPRI	NGS, Florida 33076	
	(City)	(Zip Code)	
	cred agent. I am familiar w	vith and accept the obligations of the position.	
Sign	gnature of New Registered A	genj, ij 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 <math>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	PT	John Doc	
X Remove	<u>V</u>	Mike Jones	
<u>X</u> Add	<u>sv</u>	Sally Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add Remove			
2) Change			
Add Remove			
3) Change			
Add			
4) Change			
Add Remove			
5) Change			
Add Remove			
6) Change			
Add Remove			

	(Be specific)	
		_
		_
If an amendment provides for an exc	change, reclassification, or cancellation of issued shares,	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, endment if not contained in the amendment itself:	
If an amendment provides for an exc provisions for implementing the ame (if not applicable, indicate N/A)	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, lendment if not contained in the amendment itself:	
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provisions for implementing the am	change, reclassification, or cancellation of issued shares, nendment if not contained in the amendment itself:	
provisions for implementing the am	change, reclassification, or cancellation of issued shares, tendment if not contained in the amendment itself:	

date this document was signed.	option:	, ii other than the
Effective date if applicable:		
	(no more than 90 days after amendment file date)	_
Adoption of Amendment(s)	( <u>CHECK ONE</u> )	
The amendment(s) was/were adop by the shareholders was/were suf	pted by the shareholders. The number of votes east for the amendment(s) Ticient for approval.	
	roved by the shareholders through voting groups. The following statement each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast t	for the amendment(s) was/were sufficient for approval	
by	(voting group)	
	(voting group)	
The amendment(s) was/were adopaction was not required.	pted by the board of directors without shareholder action and shareholder	
The amendment(s) was/were ado action was not required.	pted by the incorporators without shareholder action and shareholder	
Dated	e/23/2014	
Signature	Holly Delgado	_
selected	rector, president or other officer – if directors or officers have not been l, by an incorporator – if in the hands of a receiver, trustee, or other court ed fiduciary by that fiduciary)	
	(Typed or printed name of person ligning)	_
	President	_