P18000048427

(Requestor's Name)			
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(City/State/Zip/Phone #)			
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☐ PICK-UP ☐ WAIT ☐ MAIL			
(Business Entity Name)			
(Business Endty Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Division of Corporations

18 SEP 13 AM (0): 24 FLORIDA DEPARTMENT OF STATE SECRETARY OF WILL F

RECENTA

July 26, 2018

YASMELIS MACHIRAN 3700 NW 179 STREET MIAMI GARDENS, FL 33055

SUBJECT: ENGLAND RECOVERY INC

Ref. Number: P18000048427

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

Amendments for Florida profit corporations are filed in compliance with section 607.1006, Florida Statutes. Please see the enclosed information.

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.

Shelia H Young Regulatory Specialist II

Letter Number: 518A00015428

Doar Sirs, Please See attached Amendment Requist on the correct Form. flease advise it enything Frather is Required to make the change. yeron 12 you.

COVER LETTER

TO: Amendment Section Division of Corporations

> P.O. Box 6327 Tallahassee, FL 32314

ENGLAND RI NAME OF CORPORATION:	ECOVERY INC		
P18000048427 DOCUMENT NUMBER:			
The enclosed Articles of Amendment and fee are	submitted for filing.		
Please return all correspondence concerning this .	nation to the following:		
YASMELIS MACHIRAN			
	(Name of Contact Perso	ก)	
	(Firm/ Company)		
3700 NW 179 ST			
	(Address)		_
MIAMI GARDENS FL 33055			
	(City/ State and Zip Coc	le)	_
E-mail address: (to be	used for future annual report	notification)	_
For further information concerning this notter, pl	ease call:		
YASMELIS MACHIRAN	76 at	36-312-678	
(Name of Contact Pe		rea Code) (Daytime Telephone Number)	_
Enclosed is a check for the following amount mad	le payable to the Florida Dep	artment of State:	
■ \$35 Filing Fee □\$43.75 Filing Fe Certificate of Sta	e & □\$43.75 Filing Fee & tus Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)	
Mailing Address Amendment Section	Street	Address dment Section	
Division of Corporations		Division of Corporations	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

ENGLAND	RECOVERY	INC

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	SER J. CONU.

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 4dd.

Example: X Change	<u>PT</u>	John Doe	
X Remove	$\underline{\mathbf{V}}$	Mike Jones	
X Add	<u>sv</u>	Sally Smith .	
Type of Action (Check One)	Title	Name	<u>Addres</u> s
1) Change	P	YOAN LUGO	1820 W 58 ST UNIT 20
Add			HIALEAH FL 33012
X Remove			
2) Change	PD	YASMELIS MACHIRAN	3700 NW 179 ST
X Add			MIAMI FL 33055
Remove			
3) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change			
Add		_	_
Remove			

If amending or adding ac (Attach additional sheets, i	f necessary). (Be specific)	
- <u>-</u>			
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	-		
If an amendment provide provisions for implement	es for an exchange, reclass iting the amendment if no	ification, or cancellation of issued s t contained in the amendment itself	shares, :
(if not applicable, in	dicate N/A)		_
	<u></u>		

. 09/10/2018	
The date of each amendment(s) adoption:date this document was signed.	, if other than th
Effective date if applicable:	
tno more than 90 days afte	amendment file date)
Note: If the date inserted in this block does not meet the applicable statut document's effective date on the Department of State's records.	ory filing requirements, this date will not be listed as th
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the shareholders. The number of by the shareholders was/were sufficient for approval.	votes east for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting must be separately provided for each voting group entitled to vote separately.	
"The number of votes cast for the amendment(s) was/were sufficien	* *
by	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shaction was not required.	reholder action and shareholder
■ The amendment(s) was/were adopted by the incorporators without shareh action was not required.	older action and shareholder
09/10/2018	
Signature VH (Class)	
(By a director president or other officer – if director president or other officer – if in the hands of	
appointed fiduciary by that fiduciary)	
YASMELIS MACHIRAN	
(Typed or printed name of pe	son signing)
P	
(Title of person s	gning;

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