

L13 000133457

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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MAIL

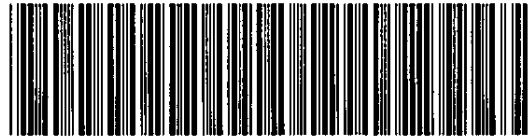
(Business Entity Name)

(Document Number)

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Ocean Addiction Recovery Services LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gwen Y. Landers EA

Name of Person

Landers Tax/Accounting

Firm/Company

2501 27th Avenue, Ste F1-B

Address

Vero Beach, FL 32960

City/State and Zip Code

gwenl@atlantic.net

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

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SECRETARY OF STATE  
TALLAHASSEE, FL 32301  
Gwen Y. Landers

For further information concerning this matter, please call:

Gwen Y. Landers, EA/RA at (772) 770-2200

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

OCEAN ADDICTION RECOVERY SERVICES, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on SEPT, 16, 2013 and assigned Florida document number L13000133457.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

*(Principal office address MUST BE A STREET ADDRESS)*

1705 19th Place, Ste A-1

Vero Beach, FL 32960

Enter new mailing address, if applicable:

*(Mailing address MAY BE A POST OFFICE BOX)*

1705 19th Place, Ste A-1

Vero Beach, FL 32960

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Gwen Y. Landers EA

New Registered Office Address:

2501 27th Avenue, Ste F1-B

*Enter Florida street address*

Vero Beach

Florida 32960

*City*

*Zip Code*

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

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Gwen Y. Landers, EA  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Douglas Moreland	1985 Anglers Cove	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32963	<input type="checkbox"/> Remove
		<del>_____ _____</del>	
MGR	Julie Moreland	1985 Anglers Cove	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32963	<input type="checkbox"/> Remove
		<del>_____ _____</del>	
MGR	Kathryn M. Hurt	162 Coconut Street	<input checked="" type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
		<del>_____ _____</del>	
MGR	<sup>LP</sup> Lynn Pearl	8775 20th St, Unit 140	<input checked="" type="checkbox"/> Add
		Vero Beach, FL 32966	<input type="checkbox"/> Remove
		<del>_____ _____</del>	
		<del>_____ _____</del>	
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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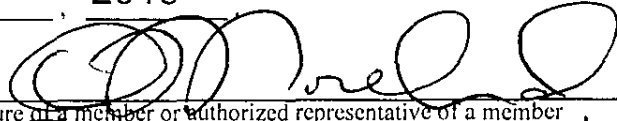
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Dated October 29 2013



Signature of a member or authorized representative of a member

Douglas W. Moreland

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY OF STATE  
FALL LAKE, ILLINOIS

11/1/13