

L14:0000006967

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

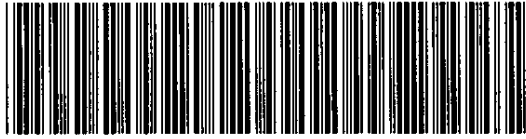
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800275438938

08/20/15--01007--014 **25.00

FILED
2015 AUG 20 P 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 21 2015

S MASON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Serenity Cove Treatment Center, 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:

OLULEYE T. ADIGUN
Name of Person

Serenity Cove Treatment Center, LLC
Firm/Company

11924 NW 12 Street
Address

Pembroke Pines, FL. 33026
City/State and Zip Code

Leyess@Hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OLULEYE T. ADIGUN at (954) 709-8341
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

Serenity Cove Treatment Center, LLC
(Name of the Limited Liability Company as it now appears on our records)
(A Florida Limited Liability Company)

2015 AUG 20 P 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

The Articles of Organization for this Limited Liability Company were filed on 01/13/2014 and assigned Florida document number L14000006967.

This amendment is submitted to amend the following:

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

Opioid Treatment Center, LLC

The new name must be distinguishable and contain 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)

11924 NW 12 Street

Pembroke Pines, FL 33026

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11924 NW 12 Street

Pembroke Pines, FL 33026

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:

OLUWE T. ADIGUN

New Registered Office Address:

11924 NW 12 Street

Enter Florida street address

Pembroke Pines

City

Florida

33026

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 605, 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.


If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	OLULEYE ADIGUN	11924 NW 12 Street	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL.	<input type="checkbox"/> Remove
		33026.	<input type="checkbox"/> Change
MGR	SUNNY Gigi	11924 NW 12 Street	<input checked="" type="checkbox"/> Add
		Pembroke Pines, FL.	<input type="checkbox"/> Remove
		33026.	<input type="checkbox"/> Change
MGR	ELIZABEH ADIGUN	11924 NW 12 Street	<input type="checkbox"/> Add
		Pembroke Pines, FL.	<input checked="" type="checkbox"/> Remove
		33026	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2015 AUG 20 P 2:21
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: 8/17/15 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 17, 2015

Handwritten signature of Oluleye T. Adigun

Signature of a member or authorized representative of a member

OLULEYE T. ADIGUN

Typed or printed name of signee

2015 AUG 20 P 2: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED