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PICK-UP	☐ WAIT	MAIL	
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Certified Copies	Certificates	of Status	
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Special Instructions to	Filing Officer:		
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Office Use Only



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FILING CANCELLE RETURNED CHECK

JAN 31 2017 S. YOUNG

COVER LETTER

Di vision of Cor	Recovery Center, LLC			
SUBJECT:	·	ited Liability Company		
	Name of Sin	ned blanning company		
	Amendment and fee(s) are sub	-	FILING CANCE	
riease retuint air correspo	indence concerning this matter	to the following.	RETURNED CH	łECK
	Jilynne Tapia			
		Name of Person		
	Principles Recovery Cente	r, LLC		
		Firm/Company		
	4343 South State Road #7	Ste. 109		
		Address		annes a ma
	Davie, FL 33314			SECRE SECRE
		City/State and Zip Code		第 557
	jilynne@principlesrecovery E-mail address: (to be used for future annual re	port notification)	の場合
For further information c	oncerning this matter, please co	all:		CRETARSEE, FLORIDA
Jilynne Tapia		954 368- at ()	1344	2000
Name o	f Person	Area Code	Daytime Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) \$60.00 Filing Fee, Certificate of State Certified Copy (additional copy is enc	

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**

Principles Recovery Center, LLC.	
(Name of the Limited Liability Company as it now appears on o (A Florida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Liability Company were filed on 12/03/20	and assigned
Florida document number L14000184937	
This amendment is submitted to amend the following:	FILING CANCELLE
A. If amending name, enter the new name of the limited liability company here:	RETURNED CHEC
The new name must be distinguishable and contain the words "Limited Liability Company," the designation	tion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	water
	3 55
	JAH 30
Enter new mailing address, if applicable:	30 %
(Mailing address MAY BE A POST OFFICE BOX)	क समित
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	2 BA
B. If amending the registered agent and/or registered office address on our registered agent and/or the new registered office address here:	records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	
Enter Florida st	reet address
	, Florida
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 provisious 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 **Type of Action** <u>Name</u> **Address** <u>Title</u> Daniel Donahue 3348 Lincoln Way MGR _□ Add Cooper City FI, 33026 Remove FILING CANCELLED ☐ Change RETURNED CHECK □ Add ☐ Remove ☐ Change ☐ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add □ Remove

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ective date, if other than th	e date of filing:	(o _l	otional)
e: If the date inserted in this I	ust be specific and cannot be prior to block does not meet the applicab Department of State's records.	date of filing or more than 90 days a ble statutory filing requirements,	fter filing.) Pursuant to 605.0 this date will not be listed
record specifies a delayone the good he goth day after the re		an effective time, at 12:0	1 a.m. on the earlie
nd 1/25/20	<u> </u>	-·	
- Ola	Donalesse		
		zed representative of a member	

Page 3 of 3

Filing Fee: \$25.00