

L150000 67691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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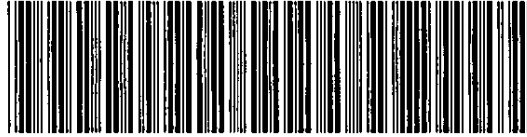
(Business Entity Name)

(Document Number)

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SEP 02 2015  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Good Future 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:

Mark De Simone  
Name of Person

\_\_\_\_\_  
Firm/Company

5795 NE Verde Circle  
Address

Doon/Katon, FL 33487  
City/State and Zip Code

Mades3334@aol.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mark De Simone at ( 561 ) 901-1675  
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

TO  
ARTICLES OF ORGANIZATION  
OF

Good Future Treatment Center, 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 April 17, 2015 and assigned Florida document number L15000067691

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 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)

5795 NE Verde Circle  
Boca Raton, FL 33487

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

**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:

Mark De Simone

New Registered Office Address:

5795 NE Verde Circle

Enter Florida street address

Boca Raton  
City

Florida

33487  
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

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or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGR</u>	<u>David Remington</u>	<u>6471 Las Flores Dr</u>	<input type="checkbox"/> Add
		<u>Boca 33433</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Robert Minton</u>	<u>2715 Hazy Hollow Run</u>	<input type="checkbox"/> Add
		<u>Rosewell GA 30076</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Daniel Kondor</u>	<u>9636 Bridgebrook Dr.</u>	<input type="checkbox"/> Add
		<u>Boca 33496</u>	<input checked="" 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

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FLORIDA  
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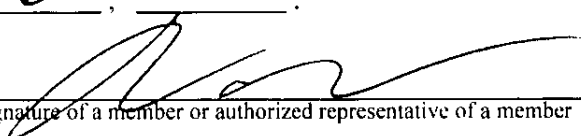
**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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 26, 2015

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mark De Simone  
\_\_\_\_\_  
Typed or printed name of signee

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