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SECRETARY OF STATE
HYDSION OF COMPORATION

AUG 1 9 2013

T. BROWN

COVER LETTER

TO: Amendment Section

Division of Corporations					
NAME OF CORPORATION: Universal Recovery Contex Cop. DOCUMENT NUMBER: P 13 000015634					
The enclosed Articles of Amendment and fee are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
Tulio A. Suarez Name of Contact Person					
Universal Recovery (Center Corp.				
Firm/ Company					
1140 W. 50 st SI	uite 202				
Higleah, Fla 33 City/ State and Zip Co	012				
City/ State and Zip Co	de				
Desanchez 33014 emsn. com E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Julio A. Suarez at 305	367-8750				
Name of Contact Person Area C	Code & Daytime Telephone Number				
Enclosed is a check for the following amount made payable to the Florida Department of State:					
□ \$35 Filing Fee Certificate of Status □ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)				
Mailing Address Stree	et Address				
	Amendment Section				
• • • • • • • • • • • • • • • • • • •	Division of Corporations Clifton Building				
	2661 Executive Center Circle				

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 26, 2013

JULIO A. SUAREZ UNIVERSAL RECOVERY CENTER CORPORATION 1140 W 50 STREET, SUITE 202 HIALEAH, FL 33012

SUBJECT: UNIVERSAL RECOVERY CENTER CORPORATION

Ref. Number: P13000015634

We have received your document for UNIVERSAL RECOVERY CENTER CORPORATION and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Letter Number: 113A00015976

Sylvia Gilbert Regulatory Specialist II

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 2, 2013

JUAN C SANCHEZ SANCHEZ & SANCHEZ 900 W 49 ST STE 518 HIALEAH, FL 33012

SUBJECT: UNIVERSAL RECOVERY CENTER CORPORATION

Ref. Number: P13000015634

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

You failed to make the correction(s) requested in our previous letter.

The document you submitted has been prepared pursuant to nonprofit statutes (chapter 617, Florida Statutes). As the entity was originally filed as a corporation for profit, this document should be filed pursuant to chapter 607, Florida Statutes.

We are enclosing the proper form(s) with instructions for your convenience.

We regret that we were unable to contact you by phone. Please return the corrected document with a letter providing us with a telephone number where you can be reached during working hours.

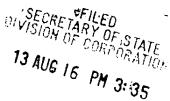
Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Teresa Brown Regulatory Specialist II

Letter Number: 613A00018643

Articles of Amendment to Articles of Incorporation of



, ,	" " PM n
Universal Recovery Conter Corporation	" PH 3:3
(Name of Corporation as currently filed with the Florida Dept. of State)	
P 130000 15634	
(Document Number of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Florida Profit Corporation</i> adopts the following its Articles of Incorporation:	amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the ab "Corp.," "Inc.," or Co.," or the designation "Corp." "Inc," or "Co". A professional corporation name must c word "chartered," "professional association," or the abbreviation "P.A."	breviation ontain the
B. Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
•	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:	
Name of New Registered Agent Julio A. Suarez	
1140 W 50 st Suite 202 (Florida street address)	
New Registered Office Address: 14 (a ca , Florida 33012 (City) (Zip Code)	_
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.	
Signature of New Registered Agent if changing	

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 <math>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 Add.

X Change	<u>PT</u>	John Do	<u>oe</u>				
X Remove	<u>y</u>	Mike Jones					
_X Add	<u>sv</u>	Sally Smith					
Type of Action (Check One)	Title		Name	Address			
1) Change				· · · · · · · · · · · · · · · · · · ·			
Add							
. Remove							
2) Change							
Add				·			
Remove							
3) Change		_					
Add							
Remove							
4) Change		_					
Add							
Remove							
5) Change		_					
Add							
Remove			·				
6) Change							
Add							
Remove							

amending or adding additional Arti ttach additional sheets, if necessary).	(Be specific)		
<u> </u>			
			<u></u>
			
			<u> </u>
			
an amendment provides for an exch	ange reclassification	or concellation o	figured shapes
rovisions for implementing the amer	idment if not contain	ed in the amendm	ent itself:
(if not applicable, indicate N/A)			
			
		·	

The date of each amendment(s) adoption:	_, if other than th
date this document was signed.	
Effective date if applicable: (no more than 90 days after amendment file date)	_
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 6/13/13	
Signature July ()	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court	
appointed fiduciary by that fiduciary)	
Juio A. Sugresz	
(Typed or printed name of person signing) (Title of person signing)	<u>s</u> ident
L .v .	