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COVER LETTER

Div	ision of Corp	orations		
SUBJECT:	JC'S House,	Recovery In The Lord, LLC		
oebone i.		Name of Limit	ted Liability Company	
The enclosed	d Articles of A	mendment and fee(s) are subm	nitted for filing.	
Please return	all correspon	dence concerning this matter to	o the following:	
		Paul G. Schlichte, Esq.		
			Name of Person	
		Ray A. Schlichte, Jr. P.A.		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company	
		2134 Hollywood Blvd.		
			Address	
		Hollywood, Florida 33020		
		pschlichte@schlichtelaw.cor	m	
		E-mail address: (to	o be used for future annual report notifica	tion)
For further is	nformation co	ncerning this matter, please cal	11:	
Paul G. Sch	lichte, Esq.		954 923-4604 at ()	
Name of Person		Person	Area Code Daytime Te	elephone Number
Enclosed is a	a check for the	e following amount:		
■ \$25.00 F	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:

TO:

Registration Section

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

JC'S House, Recovery In The Lord, 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 August 28, 2013 and assigned Florida document number L13000122421 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address , Florida City

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 **Title Address Type of Action** Name John Charos 1818 Sheridan St. Ste. 205 AMBR/M **■** Add Hollywood, Florida 33020 ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add <u>∵</u> □ Āād DRID A Remove ☐ Change □ Add □ Remove

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Typed or printed name of signee

Filing Fee: \$25.00