7088/0

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2010 JUL 12 A 10 0

SECRETARY OF STATI

Amend Thewis 7-13-10

COVER LETTER

TO: Amendment Section
Division of Corporations.

NAME	OF CORPORATIO	N: Twelve	STEP	House	INC :
DOCU	MENT NUMBER: _	. 7	08810		the second secon
- The enc	losed Articles of Ame	endment and fee are su	bmitted for filing.	;	
Please re	eturn all corresponder	nce concerning this ma	tter to the followin	g:	•
. '	*:	GARY (Name o	Mande f Contact Person)		
	Ma	udel Ac	CUNTING	· 	
		1811 LIST	-2 40e	 	ate :
	C.	joor Cir	Address)	33	02 (<u>12 -</u> 12 - 12 - 12 - 12 - 12 - 12 - 12 -
	- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1- 1-	(City/ Started of the control of the	ate and Zip Code) A. L. Coh ed for future annua	il report notificati	ion)
For furt	ner information conce	erning this matter, pleas	se call:		
	(Name of Cont	MNdd -	at (<u>-96-9</u> (Area	Code & Daytime	8727 - C Telephone Number)
Enclose	d is a check for the fo	ollowing amount made	payable to the Flor	rida Department o	of State:
	Filing Fee □\$4	43.75 Filing Fee & ificate of Status	S43.75 Fil Certified Cor (Additional c enclosed).	ing Fee &	☐ \$52.50 Filing Fed Certificate of Status Certified Copy (Additional Copy
•	Mailing Addi Amendment S Division of Co P:OBox-632	ection orporations	Amer Divis	t Address adment Section ion of Corporation on Building	is enclosed)

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 24, 2010

GARY MANDEL MANDEL ACCOUNTING 10811 LISBON STREET COOPER CITY, FL 33021

SUBJECT: TWELVE STEP HOUSE, INC.

Ref. Number: 708810

We have received your document for TWELVE STEP HOUSE, INC. 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):

If the corporation is a **PROFIT** corporation it must be signed 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.

If the corporation is a <u>NOT FOR PROFIT</u> corporation it must be signed by the chairman or vice chairman of the board, president or other officer - if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary, by that fiduciary.

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) 245-6905.

Thelma Lewis
Document Specialist Supervisor

Letter Number: 310A00015604

2010 JUL 12 AH 8: OC

Articles of Amendment to Articles of Incorporation of

Twelve STEP		House		NC:				
(Name of Corporation as curre	ntly file	d with t	he Floric	la Dept.	of State	<u></u>		
7088	10							
. (Document Num	ber of C	orporati	on (if kno	own)				
Pursuant to the provisions of section 617.1006, he following amendment(s) to its Articles of In			this <i>Flor</i>	ida Not	For Pro	fit Corpor	ation a	dopts
A. If amending name, enter the new name of	the cor	poration	<u>:</u>	ا مورځينو				
The new name must be distinguishable and combined by the second of the s	r "Co." i					porated"	or the .	
3. Enter new principal office address, if app Principal office address MUST BE A STREE		RESS)	•					
Trincipui office universi <u>mous puri orribu</u>	1 ZIDDI				· · ·			
	•				:	TAL	<u>26</u>	-0
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE)					! : 1 ·	CRETARY LAHASSE	13 اللا	三二
			· ·	<u> </u>		OF SIA	DO	0
D. If amending the registered agent and/or r new registered agent and/or the new regis	egistere stered of	d office ffice add	address :	in Flori	la, ente	r the nam	e of the	
Name of New Registered Agent:	.1 -			· 4	†		•	
		•. •		• •			r Len d	
New Registered Office Address:		(Flori	da street)	. :	•	
						, Florida_		· -:
		-	(City):	τ, ,	ţ -	: (Zip Co	ode)	• •
New Registered Agent's Signature, if changing the hereby accept the appointment as registered position.				with and	l accept	the obliga	ations o	of the
	- 				,,,,,			
- S	ignature	of New	Registere	d Agent	, if chan	ging		

removed and title, name, and address of each Officer and/or Director being added: (Attach additional sheets, if necessary) Type of Action Title Judy BlakenAN Michael WKI6HT Address ☐ Add Remove ☐ Add Dick ☐ Add □ Remove E. If amending or adding additional Articles, enter change(s) here: (attach additional sheets, if necessary). (Be specific)

if amending the Officers and/or Directors, enter the title and name of each officer/director being

If amending the Officers and/or Directors, enter the tifle 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)

Title	Name	Address	/#/ Type of Action
P.	PHIL. SKWIDT	15 SE 18C	🔁 Add
,	· · · · · · · · · · · · · · · · · · ·	FT LAUD	☐ Remove
vP	Alterio Scaderi	1241 NE 167	./ ¬
I	CHERK THUM- PSON	17/8 SU 20 FT GOOD	
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E. If amend	ding or adding additional Articles, ent additional sheets, if necessary). (Be spe	er change(s) here	
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	ch amendment(s) a	(date of adoption	is required)
Effective date	if applicable:		· · · · · · · · · · · · · · · · · · ·
•		(no more than 90 days after o	amendment file date)
•	. =	, ,	
Adoption of A	mendment(s)	(CHECK ONE)	•
	ment(s) was/were acusticient for approva		nber of votes cast for the amendment(s)
	no members or mem the board of directo		ment(s). The amendment(s) was/were
*:	<i>.</i>	,	
	Dated	6 14 - 10 -	The second of th
	Signature 🔀	Pland Stunds	
			board, president or other officer-if directo
		of been selected, by an incorporate ourt appointed fiduciary by that fid	or – if in the hands of a receiver, trustee, uciary)
	. · ·	- PHILE SKWIOT	
•		(Typed or/printed name of	of nerson signing)
		(Typed or/printed name c	n person signing)

Page 3 of 3