LD200003948

| (Requestor's Name) | |
|---|---|
| (Address) | _ |
| (Address) | _ |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT MAIL | |
| (Business Entity Name) | |
| | _ |
| (Document Number) | |
| Certified Copies Certificates of Status | _ |
| Special Instructions to Filing Officer: | |
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T. CLINE

FEB - 9 2010

EXAMINER

BEGRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 25, 2010

NDNC TREATMENT CENTERS, LLC 7801 SW. 24 ST. SUITE 102 MIAMI, FL 33155

SUBJECT: ND NC TREATMENT CENTERS, LLC

Ref. Number: L02000003968

We have received your document for ND NC TREATMENT CENTERS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 110A00001904

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: NONC Treatment Center Name of Limited Liability Co | 275, LLC |
| · · · · · · · · · · · · · · · · · · · | |
| The enclosed Articles of Amendment and fee(s) are submitted for filing | 3. |
| Please return all correspondence concerning this matter to the following | इ: |
| | |
| | |
| Name of P | |
| NDNC Treatment C | Penters, LLC |
| 7801 5W24 St | Suite 102 |
| Miami, FL 33/ | 155 |
| 2.0, 2.0.0 | ne+ ire annual report notification) |
| For further information concerning this matter, please call: | |
| Joseph M. Ossorio at (30 | 5) 2U7-7480 Area Code & Daytime Telephone Number |
| Name of Person | Area Code & Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| \$25.00 Filing Fee \$\ \text{S30.00 Filing Fee & S55.00 Filed Certificate of Status}\$ | |
| | d Copy nal copy is enclosed) Certificate of Status & Certified Copy (additional copy is enclosed) |
| • | 5 S |
| MAILING ADDRESS: Registration Section Division of Corporations | STREET/COURIER ADDRESS: Registration Section Division of Corporations |
| P.O. Box 6327 | Clifton Building |

2661 Executive Center Circle Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| NDNC Treatment Center | 5. LLC | |
|--|---|--------------------------------|
| (Name of the Limited Liability Company (A Florida Limited Lia | as it now appears on our recordibility Company) | <u>(s.</u>) |
| The Articles of Organization for this Limited Liability Company w | vere filed on | 002 and assigned |
| This amendment is submitted to amend the following: | · | |
| A. If amending name, enter the new name of the limited liabili | ity company here: | • |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Company," the designa | tion "LLC" or the abbreviation |
| 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) | | 708 |
| | | |
| B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: | | nter the name of the new |
| | | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | - Pi - II | 790 |
| | Enter Florida stre | et adaress |
| | , FJøri City | da 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 608, 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 amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|--|---|---|
| <u>ngrm</u> | Joseph M. Ossorio | 7801 5W, 245+ Suite-102 MIAMI, FI 33155 | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | - | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amendi | ng any other information, enter change | (s) here: (Attach additional sheets, if necessary.) | |
| | | | 2010 FEB -8 AM 9: 53 SECRETARY OF STATE TALL ANASSEE, FLORIDA |
| Dated | | | · |
| - | Victoria E. Signature of a member Victoria E Typed | Ossorio - EKT MANGGE or authorized representative of a member OSSORIO or printed name of signee | ment groop |

Page 2 of 2

Filing Fee: \$25.00