

12/20/2016

Division of Corporations

Resubmission, please

Resubmission, please keep file date of
file date of 12/20/2016

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number
(shown below) on the top and bottom of all pages of the document.

(((H16000311483 3)))



H16000311483ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

Resubmission, please

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

keep file date of

12/20/2016

Enter the email address for this business entity to be used for future
annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
STEPPING STONE CENTER FOR RECOVERY, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Resubmission,
please keep file
date of 12/20/2016

Resubmission,
please keep file date
of 12/20/2016

RECEIVED

2016 DEC 22 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 DEC 20 AM 10:21

FILED
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Resubmission, please keep file date of
12/20/2016

DEC 23 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Stepping Stone Center for Recovery, 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:

Benjamin Pogany

Name of Person

Jones Day

Firm/Company

901 Lakeside Ave E

Address

Cleveland, OH 44114

City/State and Zip Code

bpogany@jonesday.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Benjamin Pogany

216 586-7657
at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SteppingStoneCenterforRecovery,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 December 4, 2010 and assigned
Florida document number 1.04000089669.

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:

CT Corporation System

New Registered Office Address:

1200 South Pine Island Road

Enter Florida street address

Plantation

Florida 33324

City

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.

Kristin Bolden

Kristin Bolden
Assistant Secretary

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Roy Serpu	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	David Powell	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	Hunter Peterson	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	Steven Burns	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
MGR	Jack Cardwell	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
CFO	Richard Cooper	1100 Park Central Blvd.	<input type="checkbox"/> Add
		Suite 3400	<input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change

FILED
16 DEC 20 AM 10 21
CLERK OF COURT
JANET L. COOPER

[illegible]

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

Dated December 20, 2016

Hubert R. Poole

Hunter Peterson

Typed or printed name of signee

Filing Fee: \$25.00

10/15/20 AM 10:20

1957