## 1000001096

(D.		
(Ke	equestor's Name)	
(Ad	ldress)	
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(Cit	y/State/Zip/Phone	#)
☐ PICK-UP	☐ WAIT	MAIL
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(Bu	siness Entity Nam	ie)
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## **COVER LETTER**

	ion Section of Corporations							
SUBJECT:	Creative Treatment Soluti	ions, LLC						
(Name of Limited Liability Company)								
The enclosed Arti	cles of Amendment and fee(s) are sub	omitted for filing.						
Please return all c	orrespondence concerning this matter	to the following:						
	David L. V	T- 1.4						
	<del></del>							
	Creative Treat	Name of Person) ment Solutions						
(Firm/Company)								
117 NE 1st Ct.								
	TIT ME ISCO	(Address)						
	Dania Beach, F	L. 33004-2816						
	(City/	(State and Zip Code)	<del></del>					
For further inform	nation concerning this matter, please of	call:						
	David L. Watts	at (954)	929–9321					
	(Name of Person)	(Area Code	& Daytime Telephone Number)					
England in a shoot	for the following amount:							
X \$25.00 Filing Fe	for the following amount: e \$\int\\$30.00 \text{ Filing Fee &}\$	\$55.00 Filing Fee &	\$60.00 Filing Fee,					
	Certificate of Status	Certified Copy (additional copy is en	Certificate of Status &					
	MAILING ADDRESS:	STREET	COURIER ADDRESS:					
	Registration Section Division of Corporations	Registration Section Division of Corporations						
	P.O. Box 6327 Tallahassee, FL 32314	Clifton Bu						

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

	Creative Treatment Solutions, LLC			
	(Present Name) (A Florida Limited Liability Company)			
FIRST: SECOND:	The Articles of Organization were filed on and assigned document numberL0700041096 and assigned  This amendment is submitted to amend the following:			
	Please add the following information to the "Manager/Member I	 Detail	L''	
	catagory of the filing. Thank you.			
	Information: Watts, David L Title: Manager			
	117 NE 1st Ct.			
	Dania Beach, FL 33004			
Dated	<u>May 25</u> , <u>2007</u> .			
	David L. Wall	O7 MAY	HOISIAID	
	Signature of a member or authorized representative of a member	7 30	2	
	David L. Watts, Manager	H.d	1300	
	Typed or printed name of signce	<del>-</del>	Vii0.	
		I/O	_	

Filing Fee: \$25.00