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COVER LETTER

TO:

Registration Section **Division of Corporations**

	ENT ALTERNATIVES, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ALANA MANKO		
	TREATMENT ALTERNA	Name of Person TIVES, LLC	-
	7000 NORTH FEDERAL	Firm/Company HIGHWAY	
	BOCA RATON, FLORIDA	Address A 33487	
	AMANKO@BOCATREAT	City/State and Zip Code FMENT.COM	
For further information	E-mail address: (concerning this matter, please or	to be used for future annual report noti	fication)
ALANA MANKO	, , , , , , , , , , , , , , , , , , ,	561 409-2216	
Name	of Person		e Telephone Number
Enclosed is a check for	the following amount:		
■ S25.00 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 Stat Certified Copy (additional copy is enc
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co	on rations

Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

TREATMENT ALTERNATIVES, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

	5/30/2007	,
The Articles of Organization for this Limited Liability Company w	vere filed on 2000	
Florida document number 1.07000056619		
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 contain the words "Limited Liability	y Company," the designati	on "LLC" or the abbrevia
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	<u> </u>	NECT ALLA
	,	> T
Enter new mailing address, if applicable:		λs. α
(Mailing address MAY BE A POST OFFICE BOX)		m 3
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:		records, enter the 1
New Registered Office Address:		
New Registered Office Address.	Enter Florida stre	vet address
		, Florida
	City	Zių
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	performance of my du rovided for in Chapte	ities, and I am familier 605, F.S. Or, if thi:

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address
MGR	STEVEN MANKO	7000 North Federal Highway Boca Raton, Florida 33487
		[
		[
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Effective date, if other than the date of filing: (Offan effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after titing.) Pursu Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will n document's effective date on the Department of State's records. the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the option of the potential of the properties of a member of authorized frepresentative of a member. Signature of a member or authorized frepresentative of a member. A.A. WA. W.		
Effective date, if other than the date of filing:	_	
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Signature of a member or authorized representative of a member A MA ON SECONDARY	Dated _	A WI
Alama MADONSO		Signature of a member or authorized representative of a member
Typed or printed name of signee		Alama MADOREO

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Filing Fee: \$25.00