Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GASSMAN & ASSOCIATES, P.A.

Account Number : 075350000514

: (727)442-1200

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AMND/RESTATE/CORRECT OR M/MG RESIGN

DDICTION TREATMENT CENTERS OF AMERICA, L.L.C.

Certificate of Status	0
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Page Count	02
Estimated Charge	\$25.00

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ADDICTION TREATMENT	CENTERS OF AMERICA, L.L.C.	records
(A	Liability Company as it now appears on our Florida Limited Liability Company)	- V.
The Articles of Organization for this Limited L	ability Company were filed on <u>August 24</u>	2007 and assigned
Florida document number <u>L07000086981</u>		
This amendment is submitted to amend the follo	owing:	08 FEB
A. If amending name, enter the new name of	the limited liability company here:	· · · · · · · · · · · · · · · · · · ·
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Company," the c	designation "LLC" or the abbetyinjon
B. If amending the registered agent and/or the new registered of		rds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Flori	ida street address)
		Florida
	(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 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 Changing Registered Agent, Signature of New Registered Agent)

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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:

MGRM = Managing Member Title <u>Name</u> <u>Address</u> Type of Action MGR Marvin L. Sponaugle 1501 South Pinellas Avenue, Suite N Remove Tarpon Springs, FL 34689 MGR Marvin L. Sponaugle 1501 South Pinellas Avenue, Suite P Tarpon Springs, FL 34689 Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The Principal Address of the Company shall be: 1501 South Pinellas Avenue, Suite P Tarpon Springs, FL 34689 2008 Dated February 1 Signature of a member or authorized representative of a member Alan S. Gassman, as Authorized Representative

Typed or printed name of signee
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MGR = Manager