

L08000003016

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TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

NOV 15 2012

DAVID J. SCHOTTENFELD, P.A.

Attorney at Law

7520 Northwest 5th Street
Suite 203
Plantation, Florida 33317

Telephone (954) 316-5033
Fax (954) 316-5037

November 8, 2012

Florida Department of State
Division of Corporations
Registrations Section
P.O. Box 6327
Tallahassee, FL 32314

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TALLAHASSEE, FLORIDA

Re: Cove Center for Recovery, LLC

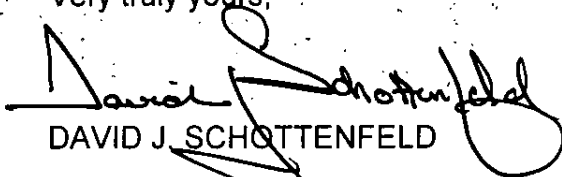
Gentlemen:

Please find enclosed herein Articles of Amendment to Articles of Organization form, together with check in the amount of \$30.00 representing the Filing Fee and Certificate of Status for such change, with respect to the above referenced matter.

A copy of this document has also been enclosed herein. Kindly acknowledge your receipt of same and forward the acknowledged copy to the undersigned in the envelope provided for your convenience.

Thank you in advance for your courtesy and prompt cooperation in this matter.

Very truly yours,


DAVID J. SCHOTTENFELD

DJS/mib
Encl.

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

COVE CENTER FOR RECOVERY, 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 01/08/2008 and assigned
Florida document number L08000003016.

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 end with 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)

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TALLAHASSEE, FLORIDA

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: DAVID J. SCHOTTENFELD

New Registered Office Address: 7520 NW 5 STREET # 203

Enter Florida street address

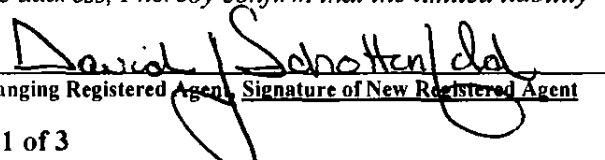
Plantation, Florida 33317

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.

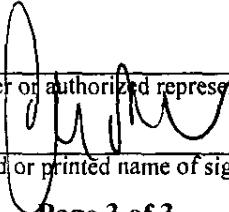

David J. Schottenfeld
If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
MGRM = Managing Member

Page 2 of 3

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated November 8, 2012

Signature of a member or authorized representative of a member
CHRISTOPHER WALSH  Karen Concoran Walsh
Typed or printed name of signee

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Filing Fee: \$25.00

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