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(Requestor's Name) (Address) (Address)	500277032195
(City/State/Zip/Phone #)	09/14/1501029022 **25.00
Certified Copies Special Instructions to Filing Officer:	PILED 2015 SEP IL P 2: 29 SECRETARY OF STATE ALLAHASSEE FLORIDA
	s SEP 1 5 2015 S MASON

DAVID J. SCHOTTENFELD, P.A

Attorney at Law

Telephone (954) 316-5033

Fax (954) 316-5037

7520 Northwest 5th Street Suite 203 Plantation, Florida 33317

September 10, 2015

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Cove Center for Recovery, LLC Number L08000003016 Filed January 8, 2008

Gentlemen:

Please find enclosed herein the Articles of Amendment to Articles of Organization for Cove Center for Recovery, LLC, together with check in the amount of \$25.00 representing the Filing Fee for same, 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,

hote

DAVID J. SCHOTTENFELD

DJS/mib Encl

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number 1.08000003016	were filed on January 8, 2008 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	<u>ility company bere</u> :
The new name must be distinguishable and contain the words "Limited Liabil	flity 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)	
	·
	ffice address on our records, <u>enter the name of the</u>

	('iţı	Zip Code
		. Florida
New Registered Office Address:	Fnter Florida street a	klress
Name of New Registered Agen.		·· <u>·</u> _ ··· <u>·</u>
Name of New Registered Agent:		

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.

	SECRET	IS SEP	77
If Changing Registered Agent, <u>Signature of</u>	SSA OF	TU	
Page 1 of 3	STATE	2: 29	

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

Title	Name	Address	Type of Action
MGRM	Karen Corcoran Walsh	757 SE 17 Street # 328	[]] Add
		Plantation, FL 33316	
		1987 1987	C ('hange
MGR	Karen Corcoran Walsh	757 SE 17 Street # 328	
		Ft Lauderdale, FL 33316	🖻 Remove
			Change
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			Remove
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	Page 2	of 3	

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

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E. Effective date, if other than the date of filing:(o (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days o <u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	ptional) ther filing.) Pursuant to 605.0207 (3xb) this date will not be listed as the
document's effective date on the Department of State's records.	
If the record specifies a delayed effective date, but not an effective time, at 12:0 (b) The 90th day after the record is filed.	1 a.m. on the earlier of:
Dated Sept 10, 2015. Ohfu	
Signature of a member or authorized representative of a member	20 8
ChRISTOPHET DALSH	CC 55
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Page 3 of 3	
Filing Fee: \$25.00	
	2: 29 LORIDA