L1000054841

(Requestor's Name)
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11 JUL -6 MID: 28
SECRETARY OF STATE
TAIL AMASSEE FLORIDA

N. Cullgan JUL - 72011

COVER LETTER

Division of Co	orporations				
SUBJECT:	Unity Detox	Investments, LLC			
		ited Liability Company		_	
The enclosed Articles o	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Carlos Luna			
		Name of Person			
-		CIF, Inc.			
		Firm/Company			
	3710	Buckeye Street, Suite	100		
		Address			
	Palm	Beach Gardens, FL 3	3410		
	City/State and Zip Code				
	cluna(@westmountfinancial.	com		
		to be used for future annual repo	ort notification)		
For further information	concerning this matter, please of	call:			
(Carlos Luna	at (561)	624 8770		
Name	of Person	Area Code &	Daytime Telephone N	lumber	
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is er	Cenclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy Iditional copy is enclosed)	

MAILING ADDRESS:

TO:

Registration Section

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 JUL-6 AN 10: 28

SECRETARY OF STATE
ALLAMASSEE, FLORIDA

UNITY DETOX INVESTMENTS, 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 Lin	nited Liability Company were filed or	05/21/2010	and assigned	
Florida document numberL100	000054841			
This amendment is submitted to amend	the following:			
A. If amending name, enter the new n	name of the limited liability compan	y here:		
NA	ATIONAL DETOX INVESTMEN	ITS, LLC		
The new name must be distinguishable and "L.L.C."	end with the words "Limited Liability C	Company," the designation "Ll	C" or the abbreviation	
Enter new principal offices address, if	applicable:			
(Principal office address MUST BE A S	STREET ADDRESS)			
Enter new mailing address, if applical	hlo.			
• • • • • • • • • • • • • • • • • • • •				
(Mailing address MAY BE A POST OF	FICE BUX)			
	rear and the control of the control			
B. If amending the registered agen registered agent and/or the new registered agent and/or the new registered.		on our records, enter th	e name of the new	
Name of New Registered Agen	<u></u> :			
New Registered Office Address	<u> </u>			
		Enter Florida 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

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:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	###		Add Remove
-			Add Remove
			Add Remove
······································			Add Remove
			Add Remove
D. If amen	ding any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	FILED ECRETARY OF
			M G 28 F STATE FLOREDA
Dated	June 1 2011		_
	Signature of a member or	authorized representative of a member	
		oral, Managing Member	
	Typed or p	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00