L10000113796

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SECRETARY OF STATE
TALLAHASSEE, FLORID





COVER LETTER

TO: Registration Section
Division of Corporations

PONCE DE LEON AVENUE, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GERALD HAFFEY

Name of Person

PONCE DE LEON AVENUE LLC

Firm/Company

5220 HOOD ROAD STE 101

Address

PALM BEACH GARDENS, FL 33418

City/State and Zip Code

MCHIURATO@AMBROSIATREATMENTCENTER.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARC CHIURATO

_{at} (561) 578-8600

Name of Person

Area Code

Daytime Telephone Number

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 enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

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

PONCE DE LEON AVENUE, LL

(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 Liabilit	y Company	were filed on 11/01	/2010 🕝	and a	assigned
Florida document number L10000113796	.		•	SEC PALL	littered
This amendment is submitted to amend the following		MAR 21 DRETAL	# 15 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
A. If amending name, enter the new name of the	<u>limited liabi</u>	lity company here:		SEE FL	
The new name must be distinguishable and end with the words	"Limited Liabi	lity Company," the design	nation "LLC" or	thealbreviation	"Lib.C."
Enter new principal offices address, if applicable:		5220 Hood Roa	d Ste 101)A	
(Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Palm Beach Gardens, FL 33418			
		5220 Hood Road Ste 101 Palm Beach Gardens, FL 33418			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	egistered of		records, <u>en</u>	ter the nam	e of the new
Name of New Registered Agent: Jo	John Boyer, CPA 3300 PGA Blvd Ste 625 Enter Florida street address Palm Beach Gardens Florida 33410				
New Registered Office Address: 33					
r.					
<u> </u>	aim Beacr	City	, Florida	Zip Cod	le

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. Thereby 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

Title Name **Address Type of Action** 5220 Hood Road Ste 101 Add Gerald D. Haffey **MGR** Palm Beach Gardens, FL 33418 Remove 3710 Buckeye Street MGR National Detox Investments, LLC Suite 100 ■ Remove Palm Beach Gardens, FL 33410 Add 🔁 ☐ Remove □ Add □ Remove ☐ Add □ Remove

If amending any other information, enter change(s)) here: (Attach additional sheets, if necessary.)
· · ·	
<u> </u>	
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of recei	(optional)
the date this document is filed by the Florida Department of State	(i)
Dated Mancet 19, 20	014
A-Haffa	
	or authorized representative of a member
Gerald D. Haffey	r printed name of signee
	,
	· ASEC
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	26 AFY SSE
	以 29 STATE LORIO
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Filing Fee: \$25.00