

L100000130934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

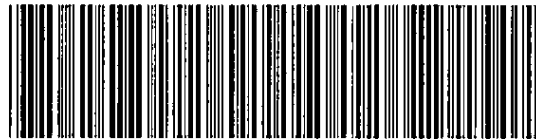
(Business Entity Name)

(Document Number)

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FILED RECEIVED

2022 MAR 18 PM 12:21 2022 MAR 18 AM 11:17

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

EFFECTIVE DATE

April 18, 2022

Amend Namech 8

MAR 28 2022
ALBRITTON

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 3/18 DANNY

CERTIFIED COPY _____

XX PHOTOCOPY _____

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XX FILING LLC AMEND

1. TREATMENT MANAGEMENT SOLUTIONS, LLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

FILE 2ND

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 21, 2022

CORPORATE ACCESS

SUBJECT: TREATMENT MANAGEMENT SOLUTIONS, LLC
Ref. Number: L10000130934

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

SAME SIGNATURE ISSUE ON THIS DOCUMENT ALSO. PLEASE CHANGE THE DATE THE LLC WAS FILED WITH THIS OFFICE TO READ: 12/23/2010.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell
Regulatory Specialist II Supervisor

Letter Number: 122A00006643

USE ORIGINAL FILE DATE

*CORRECTED
FILE LIST*

2022 MAR 23 PM 3:59

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

EFFECTIVE DATE

April 18, 2010

Treatment Management Solutions, 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 December 23, 2010 and assigned Florida document number L10000130934.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Daybreak Treatment Solutions of Florida, LLC

The new name must be distinguishable and contain 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)

7357 Wilson Road

West Palm Beach, FL 33413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7357 Wilson Road

West Palm Beach, FL 33413

FILED
2010 MAR 18 PM 12:21
SECRETARY OF STATE
TALLAHASSEE, FL

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:

New Registered Office Address:

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 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.

If Changing Registered Agent, Signature of New Registered Agent

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

April 18, 2022

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, 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 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated March 17, 2022

DocuSigned by:
J.G.
027909202948463

Signature of a member or authorized representative of a member

JON GOODMAN, MANAGER

Typed or printed name of signee