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K. BALY EXAMINER DEC 15 2011

COVER LETTER

	on of Corporations			
SUBJECT: _	INTOACTIONTREATMENT, LLC			
	Name of Limited Liability Company			
The enclosed A	articles of Amendment and fee(s) are submitted for filing.			
Please return a	Il correspondence concerning this matter to the following:			
	ANDREY ROSSIN			
	Name of Person			
	INTOACTIONTREATMENT, LLC			
Firm/Company				
	200 172ND STREET #510			
Address				
	SUNNY ISLES BEACH, FL 33160			
	City/State and Zip Code			
	ALSERANAS59@YAHOO.COM			
	E-mail address: (to be used for future annual report notification)			
For further info	ormation concerning this matter, please call:			
	ANDREY ROSSIN at (786) 942-0502			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed is a c	heck for the following amount:			
▼ \$25.00 Filin	rig Fee \$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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



INTOACTIONTREATMENT, 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	y Company were filed on	05/05/2011	and assigned
Florida document numberL11000053311	.		
This amendment is submitted to amend the following	g.		
A. If amending name, enter the new name of the l	limited liability company her	<u>·e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD	DRESS)		
	·		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
D. 16			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, <u>enter t</u>	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	ress
_		, 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 = Manager MGRM = Managing Member

d ...

<u>Title</u>	Name	Address	Type of Action
MGR_	ALEXANDER LINSKY	200 172ND STREET #510 SUNNY ISLES BEACH, FL 33160	Add Remove
			Add Remove
<u></u>			Add Remove
D. If amer	nding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary.)	_
			<u> </u>
_		<i>(</i>	
Dated	DECEMBER 9	2011	
		nber or authorized representative of a member ANDREY ROSSIN	
		ped or printed name of signee Page 2 of 2	

Filing Fee: \$25.00