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Special Instructions to Filing Officer:

A. LUNT

AUG 25 2011

**EXAMINER** 

Office Use Only



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SCORPTARY OF STATE TALLAHASSEE, FLORIDA

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## **COVER LETTER**

то:	Registration S Division of Co						
SUBJE	CT:	Jupite	er Detox, LLC				
		Name of Lim	ited Liability Company		_		
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.				
Please 1	eturn all corresp	ondence concerning this matte	r to the following:				
			Carlos Luna				
			Name of Person				
		•	CIF, Inc				
	Firm/Company				_		
		3710	Buckeye Street, Suite	e 100			
			Address		- 		
		Palm	Beach Gardens, FL 3	33410	2011 AUG 24 SEÖRETAR) ALL-AHASSI		
	City/State and Zip Code				T AHA		
		cluna	@westmountfinancial to be used for future annual rep	.com	24 P VRY 0 SSEE.		
For first	her information	concerning this matter, please	_	on nomication,	PH IZ: OF STA E. FLOR	ŢŢ	
1 OI TUIT	ner unormation	concerning this matter, please	Jan.		S IA	(:	
	<del></del>	Carlos Luna	at (_561_)	624-8770	\$ m		
	Name	of Person	Area Code &	Daytime Telephone Num	ber		
Enclos <b>e</b>	d is a check for t	the following amount:		,			
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi nclosed) Certifi	Filing Fee, cate of Status & ied Copy onal copy is enclos	ed)	
	Regist	ING ADDRESS: ration Section on of Corporations	Registration	COURIER ADDRESS: n Section Corporations	:		
P.O. Box 6327			Clifton Building				

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Jupiter De	etox, LLC			
(Name	of the Limited Liability Compa (A Florida Limited)	i <b>ny as it now appe</b> Liability Company	ears on our record	<u>s.</u> )	
The Articles of Organization for	this Limited Liability Company	were filed on _	August 15, 2	011 and as	signed
Florida document number	New				
This amendment is submitted to	amend the following:				
A. If amending name, enter th	e new name of the limited liab	oility company h	ere:		
	Jupiter Holdin	gs GA, LLC			
The new name must be distinguish "L.L.C."	able and end with the words "Lim	ited Liability Com	pany," the designat	ion "LLC" or the	abbreviation
Enter new principal offices add	fress, if applicable:			<u> </u>	
(Principal office address MUST	BE A STREET ADDRESS)				
					<u> </u>
				33.5 7.8.4 7	7
Enter new mailing address, if a	pplicable:			mo me	
(Mailing address MAY BE A POST OFFICE BOX)					
				22 P	
				13	
B. If amending the registere			our records, <u>er</u>	ter the name	of the new
registered agent and/or the nev	v registerea office adaress ner	<u>'e</u> :			
Name of New Register	ed Agent:				
New Registered Office	Address:				
		Enter Florida street address			
			, Florid	la	
		City		Zin Cod	e

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 = Ma $MGRM = 1$	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			ZS Z
			SSET Add
			Remove
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necesso	ary.)
			<del></del>
_	·		· · · · · · · · · · · · · · · · · · ·
Dated	Asugust 15 , 20	011	
	Signature of a membe	er or authorized representative of a member	
	There	Aichard Cabral d or printed name of signee	
	Турес	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00