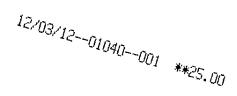
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Office Use Only



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K.SALY EXAMINER JAN 18 2013



December 4, 2012

LOTUS RECOVERY REHAB RENEE STIFF 25 SEABREEZE AVE, STE. 402 DELRAY BEACH, FL 33483

SUBJECT: LOTUS RECOVERY REHAB, LLC

Ref. Number: L11000120033

We have received your document for LOTUS RECOVERY REHAB, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Letter Number: 512A00028716

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

Lotus Recovery Rehab

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:

Renee Stiff

Name of Person

Lotus Recovery Rehab

Firm/Company

25 Seabreeze Ave, Suite 402

Address

Delray Beach, FL 33483

City/State and Zip Code

reneestiff@yahoo.com

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

For further information concerning this matter, please call:

Renee Stiff

954 **588-7039**

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

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Lotus Recover Rehab

(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 October 11, 2011 and assigned Florida document number L 11000120033 | | | | |
|---|--|--|--|--|
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited liability company here: | | | | |
| The new name must be distinguishable and end with the words "Limi"L.L.C." | ited Liability Company," the designation "LLC" or the abbreviation | | | |
| Enter new principal offices address, if applicable: | 25 Seabreeze | | | |
| (Principal office address MUST BE A STREET ADDRESS) | Suite 402 | | | |
| | Delray Beach, FL 33483 | | | |
| Enter new mailing address, if applicable: | 25 Seabreeze | | | |
| (Mailin, address MAY BE A POST OFFICE BOX) | Suite 402 | | | |
| | Delray Beach, FL 33483 | | | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her | | | | |
| 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member Title <u>Name</u> Address Type of Action Maxine Rodkey 25 Seabreeze Ave Ms Delray Beach, FL 33483 Carlos Ramirez Dr 25 Seabreeze Ave Delray Beach, FL 33483 Remove Remove

| If amending a | any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------------|--|
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| | |
| d | And Por |
| . | Signature of a member or authorized representative of a member |
| - | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00