

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000026081 3)))



H120000260813ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : COMITER & SINGER, LLP
Account Number : I20000000085
Phone : (561) 626-4742
Fax Number : (561) 626-4742

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mfrid@Comitersinger.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
HOLISTIC CARE FOR RECOVERY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

RECEIVED

12 JAN 31 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 JAN 31 AM 11:44

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

FEB - 1 2012

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

HOLISTIC CARE FOR RECOVERY, 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 01/23/2012 and assigned
Florida document number L12000010304.

This amendment is submitted to amend the following:

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

HOLISTIC CARE RESOURCES, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 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

FILED
12 JAN 31 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

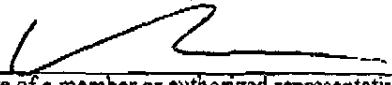
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<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"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated January 31, 2012.



Signature of a member or authorized representative of a member
MICHAEL S. SINGER

Typed or printed name of signee