# 11200024751

	(Req	uestor's Name)	
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## **COVER LETTER**

TO: Registration Solution of Con			
<sub>SUBJECT:</sub> Fami	ly Addiction R	ecovery, LL0	
	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	_	
	Robin Guter	man	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Name of Person	The state of the s
	Family Addi	ction Recove	ery, LLC
		Firm/Company	
	380 SW 17t	h St.	
		Address	
	Boca Raton	, FL 33432	
		City/State and Zip Code	
	robinleigh.lcsw@g	mail.com to be used for future annual re	
			port notification)
For further information of	concerning this matter, please o		
Robin Gute	erman	<sub>at</sub> 561 30	05-7220
Name o	f Person	Area Code	Daytime Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy	☐ \$60.00 Filing Fee, Certificate of Status &

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Family Addiction 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 02/23/2012 and assigned Florida document number L12000026751 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 "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) 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: Robin Guterman Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robin Guterman	370 West Camino Gardens Blvd Suite 201G	<b>=</b> Add
		Boca Raton, FL 33432	□ Remove
MGR	Robin Abu-Moustafa	370 West Camino Gardens Blvd. Suite 201G	Add
		Boca Raton, FL 33432	■ Remove
			□ Remove
			□ Add
			□ Remove
		,	— ( <u>i</u>
			□ Remove
			□ Remove

. If ar	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Effe (The e	ctive date, if other than the date of filing:(optional)  ffective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after ate this document is filed by the Florida Department of State)
	July 25 , 2014
	Robin Guterman
	Typed or printed name of signee

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Filing Fee: \$25.00