

L120000 28360

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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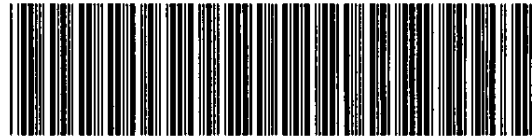
(Business Entity Name)

(Document Number)

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05/18/15--01008--018 **25.00

Effective Date

6/1/15

2015 MAY 18 PM 3:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

MAY 19 2015
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Chrysalis Recovery Source LLC
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:

Julie Treacy, Esq.
Name of Person

N/A
Firm/Company

127 SW EAST Danville Cir.
Address

Port Saint Lucie, FL 34953
City/State and Zip Code

julieannetreacy@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Julie Treacy at (954) 610-7912
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)

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

Chrysalis Recovery Source 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 2-28-2012 and assigned Florida document number L12000028360

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 contain 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)

2000 SE Port Saint Lucie Blvd
Suite C
Port Saint Lucie, FL 34952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2000 SE Port Saint Lucie Blvd.
Suite C
Port St. Lucie, FL 34952

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 605, 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

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Ian Treacy	127 SW East Danville Cir.	<input type="checkbox"/> Add
		Port Saint Lucie, FL 34953	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	USR Holdings LLC (EIN 473282299)	2000 SE Port Saint Lucie Blvd.	<input checked="" type="checkbox"/> Add
		Suite C	<input type="checkbox"/> Remove
		Port Saint Lucie, FL 34953	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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2015 MAY 18 11:31 AM
TALLAHASSEE, FLORIDA
SECRETARY OF STATE
Add
Remove
Change
Add

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This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. At the top left corner, there are some faint, small marks that appear to be staple holes or punch marks. The rest of the page is completely blank.

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

May 6, 2015



Signature of a member or authorized representative of a member

Ian M. Treacy

Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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