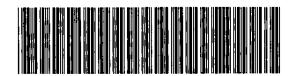
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PICK-UP	WAIT	MAIL MAIL
(В	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
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FEB 02 2016 S. YOUNG

COVER LETTER

TO: Registration Sec Division of Corp		
GREENLIF	FE INTENSIVE OUTPATIENT PROGRAM, LLC	
	Name of Limited Liability Company	
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.	
Please return all correspon	ndence concerning this matter to the following:	
	Joseph V. Priore, Esq.	
	Name of Person	
	SANTUCCI PRIGRE, P.L.	
	Firm/Company	
	200 South Andrews Avenue, Suite 100	
	Address	
	Fort Lauderdale, FL 33301	7,4 5
	City/State and Zip Code	
	jpriore@500law.com	
	E-mail address: (to be used for future annual report notification)	
For further information co	oncerning this matter, please call:	المالية المالي المالية المالية
	V. Priore 954 351-7474 at ()	<u> </u>
Name of	f Person Area Code Daytime Telephone N	Number
Enclosed is a check for the	ne following amount:	
\$25.00 Filing Fce	Certificate of Status Certified Copy Ce (additional copy is enclosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy Iditional 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

	ENSIVE OUTPATIENT PROGRAM, LLC	
(<u>Name of the Limited Liah</u> (A Flor	pility Company as it now appears on our record rida Limited Liability Company)	<u>ls.</u>)
The Articles of Organization for this Limited Liability Florida document number L12000088610	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and contain the words "L	imited 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 ADD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
		<u> </u>
_		55 +
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		s, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	33
		orida
	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

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>	Address	Type of Action
AMBR	ZVI A. ITZCHAKI	1881 SW 105TH AVENUE	= Add
		DAVIE, FL 33324	
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			Change
			Add
			☐ Remove
			G Change
			© ☐ □Remove
			Change
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fective date, if other than th	e date of filing	<u>;</u> :		(or	انت صحافات (onal		IJ
on effective date is listed, the date munifier. If the date inserted in this bushoment's effective date on the [lock does not m	neet the applicable	ate of filing or mo statutory filing	re than 90 days al requirements, t	ter filing.) Purs his date will	iiant to (riot be 1	605.0207 isted as
record specifies a delaye The 90th day after the re	d effective d cord is filed.	ate, but not a	n effective ti	me, at 12:01	. a.m. on t	he ear	rlier of
October 1		2015					
<	-	ashU d	ull //	ee			
	Signature of a	lember or authorize	representative of	f a member	·		
		. /					

Page 3 of 3

Filing Fee: \$25.00