

L12000108880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

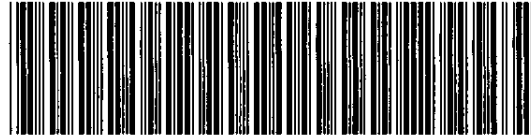
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan NOV 13 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

**Thompson Broadcasting Enterprises, LLC**

SUBJECT: \_\_\_\_\_  
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:

**Robert Torres**

\_\_\_\_\_  
Name of Person

**C.A.R.E.S. Treatment, LLC**

\_\_\_\_\_  
Firm/Company

**1420 Celebration Blvd. #200**

\_\_\_\_\_  
Address

**Celebration, FL 34747**

\_\_\_\_\_  
City/State and Zip Code

**admin@carestreatment.com**

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

For further information concerning this matter, please call:

**Robert Torres**

\_\_\_\_\_  
Name of Person

at (855) 992-4000

\_\_\_\_\_  
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**

Thompson Broadcasting Enterprises, LLC

(Name of the Limited Liability Company as it now appears on our records)  
(A Florida Limited Liability Company)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8/23/12

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned  
Florida document number L12000108880

This amendment is submitted to amend the following:

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

**C.A.R.E.S. Treatment, LLC**

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)**

1420 Celebration Blvd.

Suite 200

Celebration, FL 34747

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1420 Celebration Blvd.

Suite 200

Celebration, FL 34747

**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:

Robert Torres

New Registered Office Address:

1420 Celebration Blvd. #200

*Enter Florida street address*

Celebration

*City*

Florida 34747

*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, 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>
MGRM	Christopher Thompson	665 Lake Howard Dr. SW	<input type="checkbox"/> Add
		Winter Haven, FL 33880	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

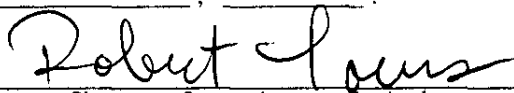
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Dated November 6 2012



Signature of a member or authorized representative of a member

Robert Torres

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE  
TALLAHASSEE, FLORIDA