

L12000153748

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

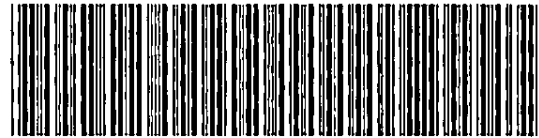
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200322539222

01/02/19--01025--002 **25.00

FILED
2019 JAN -2 PM 4:31
TALLAHASSEE FLORIDA

D. BRUCE
JAN 10 2019

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alternatives In Treatment, 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:

J. Duncan Zahringer Jr. Esq.

Name of Person

Firm/Company

5410 East Ave

Address

West Palm Beach, FL 33407

City/State and Zip Code

d.zahringer@mandalahealingcenter.net

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

For further information concerning this matter, please call:

Duncan Zahringer

561

596-9359

at (_____) _____

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)

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

FILED
2019 JAN -2 PM 4:31
TALLAHASSEE, FL
FBI

Alternatives In Treatment, LLC

The Articles of Organization for this Limited Liability Company were filed on 12/07/2012 and assigned Florida document number L12000153748

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)

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

Civ'

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

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

☐ Move
☐ Change
☐ Add
☐ Remove

2018 JAN -2 PM 1
JAN 2018

2018 JAN -2 PM 4:31

E. Effective date, if other than the date of filing: _____ (optional)

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.

Dated Dec 26, 2018

J. Duncan Zahringer Jr.

Signature of a member or authorized representative of a member

J. Duncan Zahringer Jr., Esq., A.R.

Typed or printed name of signee