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11/21

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

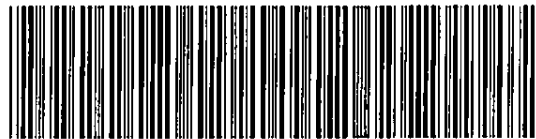
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Florida Recovery Group, L.L.C.  
\_\_\_\_\_

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:

John Nash Pakel

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

Apex Treatment Holdings LLC

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

1926 10th Ave N Suite 420

\_\_\_\_\_  
Address

Lake Worth FL 33461

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

j.nash@apexwellness.com

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

For further information concerning this matter, please call:

John Nash Pakel

516

512 2481

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Florida Recovery Group, L.L.C.

(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 2/22/2013 and assigned  
Florida document number L13000029040.

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)**

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

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

1926 10th Ave N Suite 420

Lake Worth, FL 33461

**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: Apex Wellness Group

New Registered Office Address: 1926 10th Ave N Suite 420  
*Enter Florida street address*

Lake Worth, Florida 33461  
*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>	<u>Address</u>	<u>Type of Action</u>
MGR	Jan Goodman	PO box 480427	<input type="checkbox"/> Add
		Delray Beach FL 33448	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
COO/ co	William Raucci	1300 NW 17th Ave	<input type="checkbox"/> Add
		Suite 112	<input checked="" type="checkbox"/> Remove
		Delray Beach FL 33445	<input type="checkbox"/> Change
Manager	John Nash Pakel	1926 10th Ave	<input type="checkbox"/> Add
		Suite 420	<input type="checkbox"/> Remove
		Lake Worth, FL 33461	<input checked="" type="checkbox"/> Change
Manager	Apex Treatment Holdings	1120 48th St	<input checked="" type="checkbox"/> Add
		Mangonia Park FL 33407	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee

**Filing Fee: \$25.00**