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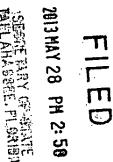
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MAY 29 2013 J. BRYAN

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Treasure Coast Sober Living L.L.C.  Name of Limited Liability Company
<b>ઝ</b>
The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:
Please return all correspondence concerning this matter to the following:
Michael Jordan Name of Person
Treasure Coast Suber Living, LL.C.
1867 S.W. Grant Ave
Port Spyrt Lucie, FL. 34953 City/State and Zip Code
E-mail address: (to be used for future annual report notification) Um Ail, Com
For further information concerning this matter, please call:
MichAel Jord AN at (712) 528-4369  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 Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee \$ 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

Treasure Coast	Sober Living, L.L.C
(Name of the Limited Liability Company of A Florida Limited Liab	as it now appears on our records.) ility Company)
The Articles of Organization for this Limited Liability Company we Florida document number 1300037304	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability	y company here:
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation  NO Changes
Enter new principal offices address, if applicable: $5$ M WL _	
(Principal office address MUST BE A STREET ADDRESS)	1867 S.W. Grant Ave Port SAINT LUGIE, FL 34953
Euter new mailing address, if applicable:	SAME
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida Ziv Code
C	a) Lip 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 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: MO CHANGE MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> <u>Address</u> Add Add Remove Add Remove Add Remove Add Remove

Signature of a member or authorized representative of a member  Michael Jordan  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00	1 аше	nding any other information, enter change(s) here: (Attach additional sheets, if neces.	sary.)
Signature of a member or authorized representative of a member  Michael Joydan  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00	_	•	
Signature of a member or authorized representative of a member  Michael Joyclan  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00			
Signature of a member or authorized representative of a member  Michael Joydan  Typed or printed name of signee  Page 3 of 3  Filing Fee: \$25.00	_		——————————————————————————————————————
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