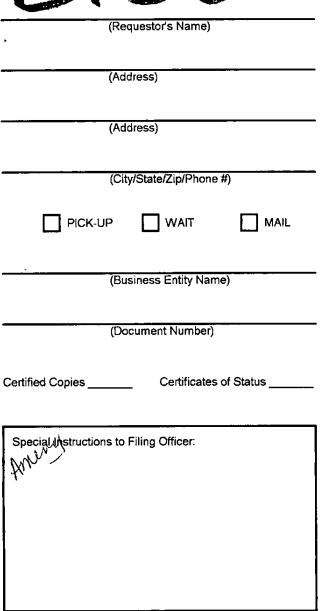
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Office Use Only



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J. SAULSBERRY EXAMINER JUL 19 2013

COVER LETTER

TO: Registration Section
Division of Corporations

TLC RECOVERY CENTER OF SOUTH FLORIDA 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:

Name of Person

TLC 770 LLC

Firm/Company

20201 NE 16TH PLACE

Address

MIAMI, FL 33179

City/State and Zip Code

3057258790

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

For further information concerning this matter, please call:

GEDALE FENSTER

305,7258790

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TLC RECOVERY CENTER OF SOUTH FLORIDA LLC

(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 Liabi Florida document number L13000052817	lity Company	were filed on <u>04/10/2</u>	013	and assig	gned
This amendment is submitted to amend the following	ng:				
A. If amending name, enter the new name of the	e limited liab	ility company here:			
The new name must be distinguishable and end with th "L.L.C."	e words "Limi		_		breviatio
Enter new principal offices address, if applicable:		2900 WEST CYPRESS CREEK RD			
(Principal office address MUST BE A STREET ADDRESS)		SUITE # 2	32 T	📜	
		FT LAUDERDALE	E, FL 33309 👍	19	
			••	1	
Enter new mailing address, if applicable:		2900 WEST CYF	RESS CREE	K'RD 🗽	
(Mailing address MAY BE A POST OFFICE BOX)		SUITE # 2			
		FT LAUDERDAL	E, FL 33309		
B. If amending the registered agent and/or registered agent and/or the new registered office			ecords, <u>enter th</u>	e name of	the nev
Name of New Registered Agent:	Registered Agent: GEDALE FENSTER				
New Registered Office Address: 2900 WEST CYPRESS (K RD SUITE :	# 2	
	Enter Florida street address				
F	T LAUDER	RDALE	, Florida <u>333</u>	809	
_		City	,	Zip Code	
New Registered Agent's Signature, if changing Regi	stered 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 Type of Action Address **Title** <u>Name</u> **TLC 770 LLC** 20201 NE 16TH PLACE **MGRM** MIAMI, FL 33179 Remove 20201 NE 16TH PLACE [**ALLIE NATKIN** MGRM MIAMI, FL 33179 Remove Remove Remove Remove

. If ame	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
_	
ted	Jy 16, 2013.
	Signature of a member or authorized representative of a member [] O C C - Ged Ut feeld
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 19 AM 8: 20