

L13000122219

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

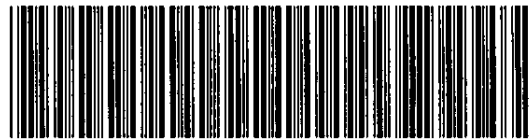
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800265706998

10/27/14--01019--012 **60.00

FILED
2014 NOV 12 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. B. BLY
EXAMINER
NOV 13 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

WANDA PEREZ
12305 NW 26TH STREET
CORAL SPRINGS, FL 33065

SUBJECT: FREEDOM RECOVERY HOUSE LLC
Ref. Number: L13000122219

We have received your document for FREEDOM RECOVERY HOUSE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 714A00023305

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **Freedom Recovery House 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:

Wanda Perez

Name of Person

Firm/Company

12305 NW 26th Street

Address

Coral Springs, FL 33065

City/State and Zip Code

wanda@sthrecovery.com

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

For further information concerning this matter, please call:

Wanda Perez

Name of Person

954 8547152

at ()

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**

Freedom Recovery House LLC

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

FILED
2014 NOV 12 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/29/2013 and assigned Florida document number L13000122219.

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 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12305 NW 26th Street
Coral Springs, FL 33065

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:

Wanda Perez

New Registered Office Address:

12305 NW 26th Street

Enter Florida street address

Coral Springs

City

Florida 33065

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	William Torres	4500 Belvedere Road, suite A3	<input type="checkbox"/> Add
		In care of RE-MMAP Inc.	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33145	
MGR	The Towers Group Inc.	The Corporation Trust Center	<input checked="" type="checkbox"/> Add
		1209 Orange Street	<input type="checkbox"/> Remove
		Wilmington, DE 19801	
MGR	Chuck Hungerford IV	627 South C. Street, B	<input checked="" type="checkbox"/> Add
		Lake Worth, FL 33460	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2014 NOV 12 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

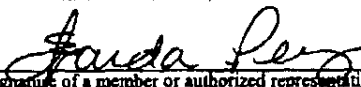
Please change MGR Troy Chappell Address to 627 South C.Street,

B Lake Worth, FL 33460

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated November 4, 2014.



Signature of a member or authorized representative of a member

WANDA PEREZ

Typed or printed name of signer

FILED
2014 NOV 12 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA