L13000124822

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SECRETARY OF STATE
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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:

HALFWAY THERE 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:

ERIC SNYDER

Name of Person

HALFWAY THERE FLORIDA, LLC

Firm/Company

1100 SOUTHWEST FOURTH AVENUE

Address

DELRAY BEACH, FL 33444

City/State and Zip Code

ERIC@REALLIFERECOVERYDELRAY.COM

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

For further information concerning this matter, please call:

ERIC SNYDER

_{.,,}856,534-6997

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

Q\$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

	THERE FLORIDA, LLC	
(<u>Name of the Limited Liab</u> i (A Flori	lity Company as it now appears on our da Limited Liability Company)	records.)
The Articles of Organization for this Limited Liability Florida document number L13000124822	y Company were filed on09/04/20	13 and assigned
This amendment is submitted to amend the following	;:	
A. If amending name, enter the new name of the l	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Principal office address MUST BE A STREET AD	DRESS)	
	and the same	<u>Σ</u> ; ω
Enter new mailing address, if applicable:		SS I
(Mailing address MAY BE A POST OFFICE BOX		SE OF IT
		= 20 € □
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our reco address here:	ords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flori	da street address
		, Florida
	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 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

Title MGRM	No Limit Management, LLC	Address 3840 Green Forest Drive Boynton Beach, FL 33436	Add Remove
MGRM	Eric Snyder	317 S Swinton Avenue Delray Beach, FL 33444	Add Remove
		A C	Add Remove
		LAHASSEE, FLORIDA	P Add E Remove
			Add Remove
			Add Remove

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<u> </u>		
Onlahar 7	2012	
Dated <u>UCHOPUN</u> A	ignature of a member or authorized representative of a me	rized Representative
3	Eric Snyder	anoci
	Typed or printed name of signee	
	Page 3 of 3	
	Filing Fee: \$25.00	≨ ∰ ѿ
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