LB000127466

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Coomson Comp, value, |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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| 10: Registration Se Division of Cor | | | |
|--|--|---|--|
| | SOBER LIVING IX LLC | • | |
| SUBJECT: | Name of Limit | ed Liability Company | |
| | | | |
| The enclosed Articles of | Amendment and fee(s) are subm | nitted for filing. | |
| Please return all correspo | ndence concerning this matter t | o the following: | |
| | EDWARD L MYRICK JR | | |
| | | Name of Person | |
| | BEIGHLEY, MYRICK, UI | DELL & LYNNE, PA | |
| | | Firm/Company | |
| | 1255 W ATLANTIC BLVI | D, #314 | |
| | | Address | |
| | POMPANO BEACH, FL 3. | 3069 | |
| | | City/State and Zip Code | |
| | SMINTZ@BANYANCENT E-mail address: (to | ERS.COM o be used for future annual report noti | fication) |
| For further information c | oncerning this matter, please ca | | |
| EDWARD L MYRICK . | JR | 954 784-3298 | |
| Name o | f Person | Area Code Daytim | e Telephone Number |
| Enclosed is a check for the | he 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 S | | <u>Street Address:</u> Registration Se | ction |

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

2019ETO 13 PH 2: 15

BANYAN SOBER LIVING IX 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 Liability Company w | ere filed on 09/10/2013 | and assigned |
|---|--|---|
| Florida document number L13000127466 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liabili | ty 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) | | |
| | | _ |
| B. If amending the registered agent and/or registered office adapta and/or the new registered office address here: | dress on our records, <u>en</u> | iter the name of the new registered |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | City | . Florida |
| New Registered Agent's Signature, if changing Registered Agent: | Cuy | z.ip Code |
| I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change. | erformance of my duties ovided for in Chapter 6 | s, and I am familiar with and 05, F.S. Or, if this document is |

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> | Type of Action |
|--------------|-------------------------|----------------------------|-----------------|
| MGRM | BANYAN SOBER LIVING LLC | 950 N Federal Highway #115 | □Add |
| | | 115 | ≣ Remove |
| | | POMPANO BEACH, FL 33062 | □ Change |
| MGR | JOSEPH TUTTLE | 950 N Federal Highway #115 | □Add |
| | | 115 | □Remove |
| | | POMPANO BEACH, FL 33062 | = Change |
| | | | □Add |
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| Tective date, if other than the dan effective date is listed, the date must be tee: If the date inserted in this block cument's effective date on the Depa | does not meet the app | licable statutory filing re | man 90 days and ming.) | Pursuant to 605,0207 will not be listed as |
| | ate, but not an effective | e time, at 12:01 a.m. on | the earlier of: (b) The | 90th day after the |
| | | | | |
| DECEMBER 10 | 2019 | | | |
| DECEMBER 10 | 2019 | | | |
| led | | Athorized representative of | a member | |

Filing Fee: \$25.00