

# L13000147471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

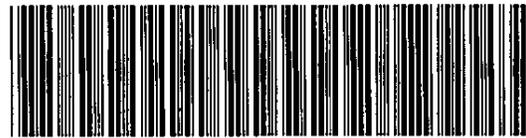
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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K. Baly  
EXAMINER  
NOV 12 2014



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 30, 2014

WANDA PEREZ  
12305 NW 26TH ST.  
CORAL SPRINGS, FL 33065

SUBJECT: OASIS RECOVERY HOUSE LLC  
Ref. Number: L13000147471

We have received your document for OASIS 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: 814A00023302

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Oasis 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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Oasis Recovery House 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 were filed on 10/18/2014 and assigned Florida document number L13000147471

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)*

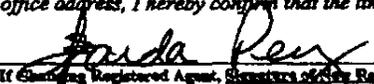
12305 NW 26th Street  
Coral Springs, FL 33065

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, Florida 33065  
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 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	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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 HALL CHASSE, FLD 104

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

**Please change MGR Troy Chappell Address to 1031 South C. Street,**

**Lake Worth, FL 33460**

**Please cahnge MGR Charles Hungerford address to 1031South C. Street**

**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<sup>th</sup> 2014

*Wanda Perez*

Signature of a member or authorized representative of a member

WANDA PEREZ

Typed or printed name of signer

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