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SECRETARY OF DIATE

JAN 1 4 2013 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

Foundations of Recovery, 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:

Jocelyne Martorano

Name of Person

Foundations of Recovery, LLC

Firm/Company

2800 N Ocean Dr A14B

Address

Singer Island, FL 33404

City/State and Zip Code

imartorano7993@aol.com

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

For further information concerning this matter, please call:

Jocelyne Martorano

_{.,}754、779-4504

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

Foundation of recovery, LLC	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number L13000152552	were filed on 10/30/2013 and and assigned
This amendment is submitted to amend the following:	Were med on
A. If amending name, enter the new name of the limited liabi	ility company here:
Foundations of Recovery, LLC	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "LEC" or the abbreviation
Enter new principal offices address, if applicable:	11382 Prosperity Farms Rd, suite 225
(Principal office address MUST BE A STREET ADDRESS)	Palm Beach Gardens, Florida
	33410
Enter new mailing address, if applicable:	2800 N Ocean Dr A14B
(Mailing address MAY BE A POST OFFICE BOX)	Singer Island, Florida
	33404
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·
Hans of their registered right.	
New Registered Office Address:	
	Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member **Title Name Address Type of Action** Frisina, Kenneth 1499 E Palmetto Pk Rd #404 mgr Boca Raton, FI 33432 Fried, Lyle Fried, Lyle mgr 1499 E Palmetto Pk Rd #404 Boca Raton, FI 33432 Add Remove Remove

D. If a	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Also change the property address for Darlene Frisina and Jocelyne Martorano
	to 11382 Prosperity Farms Rd, suite 225, Palm Beach Gardens, Fl 33410
E. Effe (If an ef	ctive date, if other than the date of filing: (optional) fective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b)
Dated _	1-5-, 2014.
	Jocelyne Martorano
	Signature of a member or authorized representative of a member Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

FILED SECRETARY OF STATE