

#L13000175913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

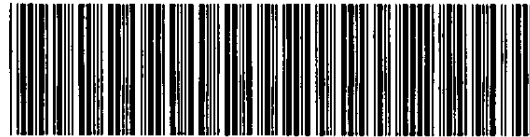
(Document Number)

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WITH SHANNEL ESCOFFERY  
2/3/2014 KS

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2014 JAN 27 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

K. SALY  
EXAMINER  
FEB 3 2014

## COVER LETTER

**TO: Registration Section**  
**Division of Corporations**

**REFLECTIONS TREATMENT CENTER, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**SHANNEL S. ESCOFFERY**

\_\_\_\_\_  
Name of Person

**REFLECTIONS TREATMENT CENTER, LLC**

\_\_\_\_\_  
Firm/Company

**9470 NW 52 CT**

\_\_\_\_\_  
Address

**SUNRISE, FL 33351**

\_\_\_\_\_  
City/State and Zip Code

**SHANNEL1.ESCOFFERY@GMAIL.COM**

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

For further information concerning this matter, please call:

**SHANNEL ESCOFFERY**

**954**

**940-1013**

\_\_\_\_\_  
at ( )

\_\_\_\_\_  
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**

**REFLECTIONS TREATMENT CENTER, LLC**

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

**FILED**  
2014 JAN 27 PM 12:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on December 23, 2013 and assigned  
Florida document number L13000175913.

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)**

1145-1147 Banks Road

Margate, FL 33063

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1145-1147 Banks Road

Margate, FL 33063

**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:

New Registered Office Address:

1145-1147 BANKS RD

*Enter Florida street address*

MARGATE

*City*

Florida 33063

*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>
MGRM	LAURA CHATMAN	1101 BANKS ROAD SUITE 1145-1147	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
MGRM	LAURA CHATMAN	1145-1147 BANKS ROAD	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
MGR	SHANNEL ESCOFFERY	1101 BANKS ROAD SUITE 1145-1147	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
MGR	SHANNEL ESCOFFERY	1145-1147 BANKS ROAD	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
MGR	JORDAN NEEDELL	1101 BANKS ROAD SUITE 1145-1147	<input type="checkbox"/> Add
		MARGATE, FL 33063	<input checked="" type="checkbox"/> Remove
MGR	JORDAN NEEDELL	1145-1147 BANKS ROAD	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove

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

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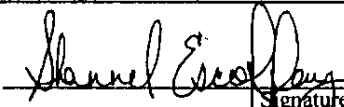
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 \_\_\_\_\_, \_\_\_\_\_



SHANNEL ESCOFFERY

\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signer