## L14000019187

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



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| Boca Detox Center LI                                                                                                                                                           | _C           |              |             |                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|-------------|--------------------------------|
|                                                                                                                                                                                |              |              |             |                                |
| Annual Report / Reinstatement  Cert. Copy  Photo Copy  Certificate of Good Standing  Certificate of Status  Certificate of Fictitious Name  Corp Record Search  Officer Search |              |              |             |                                |
|                                                                                                                                                                                |              |              |             |                                |
|                                                                                                                                                                                |              |              |             |                                |
|                                                                                                                                                                                |              |              |             |                                |
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|                                                                                                                                                                                |              |              |             | ·                              |
|                                                                                                                                                                                |              |              |             | Merger File                    |
|                                                                                                                                                                                |              |              | <del></del> | Art, of Amend, File            |
|                                                                                                                                                                                |              |              |             | RA Resignation                 |
|                                                                                                                                                                                |              |              |             | Dissolution / Withdrawal       |
|                                                                                                                                                                                |              |              |             | Annual Report / Reinstatement  |
|                                                                                                                                                                                |              |              | <del></del> | Cert. Copy                     |
|                                                                                                                                                                                |              |              | <del></del> | Photo Copy                     |
|                                                                                                                                                                                |              |              |             | Certificate of Good Standing   |
|                                                                                                                                                                                |              |              |             | Certificate of Status          |
|                                                                                                                                                                                |              |              |             | Certificate of Fictitious Name |
|                                                                                                                                                                                |              |              |             | Corp Record Search             |
|                                                                                                                                                                                |              |              | ·           | Officer Search                 |
|                                                                                                                                                                                |              |              |             | Fictitious Search              |
| Signature                                                                                                                                                                      | <del> </del> | <del></del>  |             | Fictitious Owner Search        |
| 5                                                                                                                                                                              |              |              |             | Vehicle Search                 |
|                                                                                                                                                                                |              | <del>_</del> |             | Driving Record                 |
| Requested by: Seth                                                                                                                                                             | 00/05/10     |              |             | UCC 1 or 3 File                |
| Name                                                                                                                                                                           | 09/05/18     | ~            |             | UCC 11 Search                  |
| Maille                                                                                                                                                                         | Date         | Time         |             | UCC    Retrieval               |
| Walk-In Photographic GA acco                                                                                                                                                   | Will Pick Up |              |             | Courier                        |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| BOCA DETOX CENTER, LLC                                                                                       |                                                                       |                           |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------|---------------------------|
| ( <u>Name of the Limited Liability</u><br>(A Florida                                                         | Company as it now appears on our records.) Limited Liability Company) |                           |
| The Articles of Organization for this Limited Liability Co                                                   | ompany were filed on 02/03/2014                                       | and assigned              |
| lorida document number L14000019187                                                                          | <u>-</u> ·                                                            |                           |
| his amendment is submitted to amend the following:                                                           |                                                                       |                           |
| A. If amending name, <u>enter the new name of the limit</u>                                                  | ed liability company here:                                            |                           |
| he new name must be distinguishable and contain the words "Limit                                             | ed Liability Company," the designation "LLC" or                       | the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable:                                                          |                                                                       | 芒原 5 一                    |
| Principal office address MUST BE A STREET ADDRI                                                              | ESS)                                                                  | P -                       |
|                                                                                                              |                                                                       | ii. om                    |
|                                                                                                              |                                                                       | 至                         |
| Enter new mailing address, if applicable:                                                                    |                                                                       | 9                         |
| Mailing address MAY BE A POST OFFICE BOX)                                                                    |                                                                       | 02                        |
|                                                                                                              |                                                                       |                           |
| 3. If amending the registered agent and/or registoregistered agent and/or the new registered office address. | ered office address on our records, <u>e</u><br>ess here:             | enter the name of the     |
| Name of New Registered Agent:                                                                                |                                                                       |                           |
| New Registered Office Address:                                                                               | Enter Florida street address                                          |                           |
|                                                                                                              |                                                                       | 1                         |
| <del></del>                                                                                                  | , Floric                                                              | la<br>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 Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>                                | Address                                                      | Type of Action |
|--------------|--------------------------------------------|--------------------------------------------------------------|----------------|
| AMBR         | GUARDIAN RECOVERY<br>NETWORK HOLDINGS, LLC | 3333 S CONGRESS AVENUE , Suite 402<br>DELRAY BEACH, FL 33445 | 🛮 Add          |
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| ective date, if other than the d<br>n effective date is listed, the date must be<br>te: If the date inserted in this bloc<br>cument's effective date on the Dep | e specific and cannot be prior to k does not meet the applicab | date of filing or more than 9<br>le statutory filing require | (optional)<br>00 days after filing.) Pursuant<br>ments, this date will not b | to 605.02<br>oe listed |
| record specifies a delayed of<br>The 90th day after the recor                                                                                                   | effective date, but not and is filed.                          | an effective time, at                                        | : 12:01 a.m. on the                                                          | earlier                |
| SEPTEMBER 5                                                                                                                                                     | 2018                                                           | _ •                                                          |                                                                              |                        |
|                                                                                                                                                                 |                                                                |                                                              |                                                                              |                        |
|                                                                                                                                                                 | Joshua Scott<br>Ignature of a member or authoriz               |                                                              |                                                                              |                        |

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Filing Fee: \$25.00