

L14000031011

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

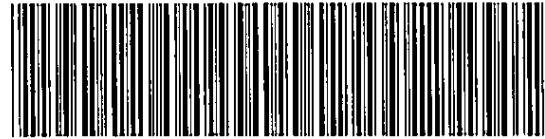
(Business Entity Name)

(Document Number)

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05/24/19--01015--002 **25.00

FILED
24 MAY 24 A 11:01
MAY 24 2019

D SCOTT
JUN 17 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INTERVENTIONS RECOVERY COUNSELING CENTER, 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:

REGINALD JONES

Name of Person

INTERVENTIONS RECOVERY COUNSELING CENTER

Firm/Company

2020 W. OAKLAND PARK BLVD., STE B

Address

FORT LAUDERDALE, FLORIDA 33308

City/State and Zip Code

Reginaldj@interventionsrecovery.com

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

For further information concerning this matter, please call:

REGINALD JONES

754 779-1830

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

FILED
25 MAR 24 11:01
M.C.

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

INTERVENTIONS RECOVERY COUNSELING CENTER, 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 02/24/2014 and assigned
Florida document number L14000031011

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 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)

INTERVENTIONS RECOVERY COUNSELING CENTER

2020 W. OAKLAND PARK BLVD., STE. B

FORT LAUDERDALE, FLORIDA 33308

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

INTERVENTIONS RECOVERY COUNSELING CENTER

2020 W. OAKLAND PARK BLVD., STE. B

FORT LAUDERDALE, FLORIDA 33308

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:

2020 W. OAKLAND PARK BLVD., STE. B

Enter Florida street address

FORT LAUDERDALE, FLORIDA

City

Florida 33308

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, 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>	<u>Type of Action</u>
AMBR	KEVIN YATES	2020 W. OAKLAND PARK BLVD., STE B, FORT LAUDERDALE, FL. 33308	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	REGINALD JONES	2020 W. OAKLAND PARK BLVD., STE B, FORT LAUDERDALE, FL. 33308	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Paul Sohr, CEO owns 50 % of company, Kevin Yates, AMBR owns 50 % of company, Paul Sohr will continue

act as CEO of cooperation, Reginald Jones is Operations Mgr, and is authorized to file paperwork for

Mr. Paul Sohr. Also, company acquired DBA of "Oakland Park Counseling Center" and will operate under

that name.

FILED
2019 MAY 20 AM 11:00

E. Effective date, if other than the date of filing: _____ (optional)

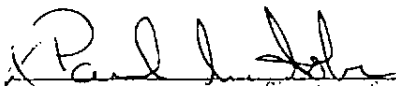
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 14th, 2019



Signature of a member or authorized representative of a member

Paul K. Sohr

Typed or printed name of signee