

L14000061606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

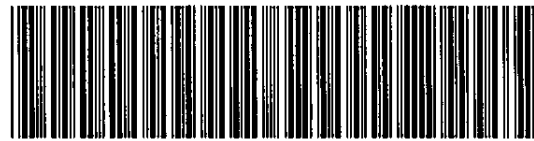
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
NOV 08 2016

TO: Registration Section
Division of Corporations

SUBJECT:

Sam Youree, 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:

Tyler Glock

Name of Person

Empathic Partners T.O.P., LLC

Firm/Company

2437 Quantum Blvd

Address

Boynton Beach, FL 33426

City/State and Zip Code

Tyler@Empathicrecovery.com

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

For further information concerning this matter, please call:

TYLER GLOCK

Name of Person

at (201)

Area Code

264 3767

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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2016 NOV 14 3:34
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
OF

Sam Youree, 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 4/15/14 and assigned
Florida document number L14000061606.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Goodfellas Transitional Recovery, LLC

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)

312 9th St.

West Palm Beach, FL
33401

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

312 9th St.

West Palm Beach, FL
33401

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:

Registered Agents Inc.

New Registered Office Address:

3030 N. Rocky Point Dr

Enter Florida street address

Tampa

City

Florida

2016 NOV 7
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

150A
33806

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.

Bee Hume

If Changing Registered Agent, Signature of New Registered Agent

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	John S Youree		<input type="checkbox"/> Add
		585 green springs place West Palm Beach, FL 33409	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Empathic Partners I.O.P., LLC	2437 Quantum Blvd Boynton Beach, FL 33426	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA
(mail)

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.

Signature of a member or authorized representative of a member

John S. Youree

Typed or printed name of signee