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Special Instructions to I	-iling Officer:	
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## **COVER LETTER**

TO:

	egistration Se ivision of Cor			
SUBJECT		NTIONS RECOVERY TREAT	MENT CENTER, LLC	
SUDJF.C I	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspo	ondence concerning this matter	to the following:	
		MENDI RIGGINS		
		INTERVENTIONS RECO	Name of Person VERY TREATMENT CENTE	ER, LLC
		1800 SE 3RD AVENUE	Firm/Company	
		FORT LAUDERDALE, F	Address L 33316	
		MENDIR@SIGNATUREH	City/State and Zip Code EALTHSG.COM	
		E-mail address: (	to be used for future annual report	notification)
For further	information c	oncerning this matter, please co	ıll:	
MENDI RI	IGGINS		754 216-3338	
	Name o	î Person	Area Code Day	ytime Telephone Number
Enclosed is	s a check for th	ne 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)
	Registr Divisio P.O. Be	ING ADDRESS: ation Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive	rporations g

Tallahassee, FL 32301

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

## INTERVENTIONS RECOVERY TREATMENT CENTER, LLC

ARTICLES (	OF AMENDMENT	rds.)
	ТО	
ARTICLES O	F ORGANIZATION	
	OF	
INTERVENTIONS RECOVERY TREATMENT		2
(Name of the Limited Liability Co	ompany as it now appears on our reco- ited Liability Company)	rds.)
(A Horna zan	med blasmy company,	.5
The Articles of Organization for this Limited Liability Comp	pany were filed on APRIL 25, 201-	4 and assigned
Florida document number L14000067944		
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 "LI	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	S)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
D. If amounting the appleaned areas and/or appleaned	d office adduces an our name	do outou the mann of the noun
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		us, enter the name of the new
registered agent and/or the new registered office address	nere.	
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	vace
	Emer r toriau street addr	eas
		Florida
	City	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>	<u>Address</u>	Type of Action
MGR	PAUL SOHR		□ Add
			□ Remove
		1800 SE 3RD AVENUE FORT LAUDERDALE, FL 33316	B Change
MGR	STERLING KEVIN YATES	410 EVERNIA STREET, #727 WEST PALM BEACH, FL 33401	■ Add
			☐ Change
CFO	PAUL SOHR		□ Add
		1800 SE 3RD AVENUE FORT LAUDERDALE, FL 33316	■ Remove
			Change
			🖸 Add
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ecti i effe	e date, if other than the date of filing: (optional) live 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 605.0
te:	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
, [11 111	t seriective date on the Department of State s records.
rec	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier
	Oth day after the record is filed.
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00