

L14000068408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

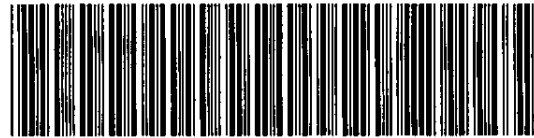
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/27/14--01019--010 **60.00

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2014 NOV 12 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
NOV 13 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 30, 2014

WANDA PEREZ
12305 NW 26TH ST.
CORAL SPRINGS, FL 33065

SUBJECT: 316 RECOVERY HOUSE LLC
Ref. Number: L14000068408

We have received your document for 316 RECOVERY HOUSE LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 914A00023295

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 316 Recovery House 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:

Wanda Perez

Name of Person

Firm/Company

12305 NW 26th Street

Address

Coral Springs, FL 33065

City/State and Zip Code

wanda@sthrecovery.com

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

For further information concerning this matter, please call:

Wanda Perez

Name of Person

at (**954**)

Area Code

8547152

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

316 Recovery House LLC

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

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/28/2014 and assigned
Florida document number L14000068408.

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)

316 North H. Street

Apt. A

Lake Worth, FL 33460

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

12305 NW 26th Street

Coral Springs, FL 33065

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:

Wanda Perez

New Registered Office Address:

12305 NW 26th Street

Enter Florida street address

Coral Springs

City

Florida 33065

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.

Wanda Perez
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>
MGR	William Torres	4500 Belvedere Road, suite A3	<input type="checkbox"/> Add
		In care of RE-MMAP Inc.	<input checked="" type="checkbox"/> Remove
		West Palm Beach, FL 33145	
MGR	The Towers Group Inc.	The Corporation Trust Center	<input checked="" type="checkbox"/> Add
		1209 Orange Street	<input type="checkbox"/> Remove
		Wilmington, DE 19801	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Please change MGR Troy Chappell Address to 316 North H Street,

Lake Worth, FL 33460

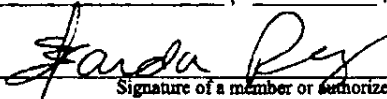
Please change MGR Charles Hungerford IV address to 316 North H Street

Lake Worth FL 33460

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 November 4th, 2014



Signature of a member or authorized representative of a member

WANDA PEREZ

Typed or printed name of signer

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