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COVER LETTER

TO: Registration Section
Division of Corporations

The Retreat 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:

Todd Fullone

Name of Person

The Retreat House, LLC

Firm/Company

500 Maplewood Drive, Unit 4

Address

Jupiter, FL 33458

City/State and Zip Code

tfullone@pbretreat.com

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

For further information concerning this matter, please call:

Christopher Finley

561 265

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Retreat House, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	inv as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L1400088354	were filed on 6/2/2014	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
		(7) m
The new name must be distinguishable and end with the words "Limited Liab	oility Company," the designation "LLC" or	:
Enter new principal offices address, if applicable:	500 Maplewood Drive	真 第 四
(Principal office address MUST BE A STREET ADDRESS)	Unit 4	25 17
	Jupiter, FL 33458	
		Signature of the second
Enter new mailing address, if applicable:	500 Maplewood Drive	58 5
(Mailing address MAY BE A POST OFFICE BOX)	Unit 4	
	Jupiter, FL 33458	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her	_	nter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	
	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 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 Type of Action **Address** Title Name 4072 Artesa Drive **Christopher Finley** MGR □ Add Boynton Beach, FL **■** Remove Todd Fullone 500 Maplewood Drive MGR Unit 4 ☐ Remove Jupiter, FL 33458 □ Rémove ☐ Remove □ Add _□ Remove _□ Remove

ective date must be specific, o	the date of filing: (optional) cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)
te this document is filed by th	cannot be prior to date of receipt or filed date and cannot be more than 90 days after
ective date must be specific, o	cannot be prior to date of receipt or filed date and cannot be more than 90 days after e Florida Department of State)

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Filing Fee: \$25.00